



**UTAH
HOSPITAL
DISCHARGE
DATABASE**

**2004
PUBLIC-USE DATA FILE**

USER'S MANUAL

**Version I
September 2005**

**UTAH HEALTH DATA COMMITTEE
OFFICE OF HEALTH CARE STATISTICS
UTAH DEPARTMENT OF HEALTH**

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INTRODUCTION

Health Data Committee

The Health Data Committee, composed of 13 governor-appointed members, was created through the Utah Health Data Authority Act of 1991. The Committee is staffed by the Office of Health Care Statistics, which manages the Utah Hospital Discharge Database.

Utah Hospital Discharge Database (UHDD)

Administrative Rule R428 became effective in December 1991, and mandates that all Utah licensed hospitals, both general acute care and specialty, shall report information on inpatient discharges, beginning on January 1, 1992. UHDD contains the consolidated information on complete billing, medical codes, and personal characteristics describing a patient, the services received, and charges billed for each inpatient hospital stay. Fifty Three Utah hospitals submitted data in 2004, including four psychiatric facilities, six specialty hospitals, and the Veterans Administration Medical Center. Shriners Hospital, a charity hospital, is exempt from reporting requirements. **Data from the University of Utah Hunstman Cancer Institute and the University of Utah Orthopedic Center have been added for this report.**

Public-Use Data Files (PDF)

UHDD Public-Use Data Files are designed to provide general health care information to a wide spectrum of users with minimal controls. A request for a PDF can be approved by the Director of the Health Care Statistics without further review. **A current Public-Use Data File User Agreement needs to be signed by anyone seeking to purchase the data prior to the release of the PDF.**

Two different public data files are released for 2004 hospital discharge data (see pages 6 through 8 for data elements and file descriptions).

Data Processing and Quality

Data submission: The Health Data Plan provides data element definitions to ensure all hospitals will report similar data. The Office of Health Care Statistics receives discharge data quarterly from hospitals in various formats and media. The data are converted into a standardized format.

System Edits: The data are validated through a process of automated editing and report verification. Each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with the definitions specified in the Data Submittal Manual. Records failing the edit check are returned to the data supplier for correction or comment.

Hospital Reviews: Each hospital is provided with a 35 day review period to validate the Committee's data against their hospital records. Any inconsistencies discovered by the hospitals are reevaluated or corrected.

Missing Values: When dealing with unknown values, it is important to distinguish between systematic omission by hospital (e.g., for hospitals

that were granted reporting exemption for particular data elements or which had coding problems that deemed the entire data from the hospital unusable), and non-systematic omission (e.g., coding problems, invalid codes, etc.). While systematic omission creates potential bias, non-systematic omission is assumed to occur randomly. The user is advised to examine missing values by hospital for each data element to be used.

Patient Confidentiality

The Committee has taken considerable efforts to ensure that no individual patient could be identified from the PDF. Patient's age, physician's specialty, and payers are grouped. Several data elements are encrypted under specific conditions: (1) Utah zip and non-Utah zip codes with less than 30 discharges in a calendar year are coded at the county or state level respectively, (2) age, sex, and zip code are encrypted if the discharge involves Major Diagnosis Code (MDC) "25-Human Immunodeficiency Virus Infection" or Diagnosis Related Groups (DRG) "433, 521-523 - Alcohol/Drug Abuse or Dependence", and (3) physician specialty for 7 rural hospitals with less than 30 beds which are Bear River Valley Hospital, Central Valley Medical Center, Delta Community Medical Center, Fillmore Community Medical Center, Garfield Memorial Hospital, Gunnison Valley Hospital, and Sanpete Valley Hospital.

Agreement to Protect Patient Confidentiality:

The data collected by the Health Data Committee may be used only for the purpose of health statistical reporting and analysis or specified in the user's written request for the data; any effort to determine the identity of any reported cases is prohibited. No one will attempt to link this data set with individually identifiable records from any other data sets.

Uses of Hospital Data:

The PDF includes data on charges and length of stay. Several factors, such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status, affect the comparability of charge and LOS across hospitals. Any analysis of charge or LOS at the hospital level should consider the above factors. The Health Data Committee calculates case-mix index and APR-DRG resource intensity index for each of the hospitals in the data base and utilizes the indices in analysis. Those indices, their methodology and a profile of Utah hospitals are appended at the end of the manual for users' reference (see Appendix A, B, and C).

Data Format:

Standard format for the public data file is ASCII code, on a CD-Rom. Requests for other formats, such as a SAS dataset, will be considered.

Citation:

Any statistical reporting or analysis based on the data shall cite the source as the following:

Utah Hospital Inpatient Discharge Data File (2004). Utah

Health Data Committee/Office of Health Care Statistics, Utah
Department of Health, Salt Lake City, Utah, 2005.

DRG and APR-DRG Classification:

The DRG and APR-DRG fields in the data were generated using:

3M Core Grouping Software for Windows (Version 3.2.0). Wallingford
CT, 3M Health Information Systems, July 2004.

Specifically, for the APR-DRG, and for the 2004 data, the Core Grouping
Software executed the following module:

APR-DRG Grouper (Version 15.0), Wallingford CT, 3M Health
Information Systems, April 1998.

The DRG is the HCFA defined DRG. For the 2004 data, the Core Grouping
Software generated this using the following modules:

CMS Grouper (Versions 21.0 & 22.0), Wallingford CT, 3M Information
Systems, October 2003 & October 2004.

Redistribution:

The user shall not redistribute the Utah Hospital Inpatient Discharge
Data File in its original format. The user shall not redistribute any
data products derived from the file without written permission from the
Office of Health Care Statistics, Utah Department of Health.

FILE LAYOUT

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2004.1)

FIELD NO.	FIELD NAME	CLASS	WIDTH	POSITION		VALID VALUES	Pg No.
				From	To		
1	Provider Identifier (Hospital)	A	3	1	3	101-145, 201-209, 301-308, 801	10
2	Patient's age (in 5-yr. group)	N	3	4	6	0 - 21, 66, 99	11
3	Patient's gender	A	1	7	7	M, F, U, E	11
4	Type of admission	A	1	8	8	1 - 4, 9	12
5	Source of admission						
	Non-newborns	A	1	9	9	0 - 9	12
	Newborns	A	1	10	10	0 - 4, 9	13
6	Length of stay	N	8	11	18	Days	13
7	Patient's discharge status	A	2	19	20	01-08, 20, 40-42, 50-51, 61-64, 71-72	13
8	Patient's postal zip code	A	5	21	25	84000-84799, -4444, -5555, -6666, -8888, -9999, AZ..WV	14
9	Patient's residential county	N	3	26	28	1 - 29, 44, 55, 77, 88, 99	16
10	Patient's cross-county migrant status	A	1	29	29	Y, N, U	18
11	Patient's marital status	A	1	30	30	S, M, X, D, P, W, U	18
12	Patient's race and ethnicity	A	2	31	32	W, WH, NW, NH, UK	18
13	Principal diagnosis code	A	5	33	37	xxxxx	18
14	Secondary diagnosis code 1	A	5	38	42	xxxxx	18
15	Secondary diagnosis code 2	A	5	43	47	xxxxx	18
16	Secondary diagnosis code 3	A	5	48	52	xxxxx	18
17	Secondary diagnosis code 4	A	5	53	57	xxxxx	18
18	Principal procedure	A	4	58	61	xxxx	18
19	Secondary procedure 1	A	4	62	65	xxxx	18
20	Secondary procedure 2	A	4	66	69	xxxx	18
21	DRG	N	3	70	72	1 - 543	19
22	MDC	N	3	73	75	1-25, 0	30
23	Total charge	N	10	76	85	12345678.00	30
24	Facility charge	N	10	86	95	12345678.00	30
25	Professional charge	N	10	96	105	12345678.00	31
26	Admitting physician specialty	A	7	106	112	Specialty codes	31
27	Attending physician specialty	A	7	113	119	Specialty codes	34
28	Other consultant physician specialty	A	7	120	126	Specialty codes	34
29	Surgeon's specialty	A	7	127	133	Specialty codes	34
30	Primary payer category	A	2	134	135	1 - 10, 13, 99	34
31	Secondary payer category	A	2	136	137	1 - 10, 13, 99	34

A=Alphanumeric characters N=All numeric characters

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2004.1) con't

	FIELD NAME	CLASS	WIDTH	POSITION		VALID VALUES	Page No.
				From	To		
32	Tertiary payer category	A	2	138	- 139	1 - 10,13,99	34
33	Patient's relationship to 1st insured	N	3	140	- 142	1 - 20	35
34	Outlier, total charge	N	3	143	- 145	1,0	36
35	Outlier, length of stay	N	3	146	- 148	1,0	36
36	APR-DRG	N	3	149	- 151	1-956	37
37	Patient Severity Subclass Value	A	1	152	- 152	0-4	36
38	Discharge Quarter	A	1	153	- 153	1-4	36
39	Record ID number	N	8	154	- 161	12345678	35
40	Secondary Diagnosis Code 5	A	5	162	- 166	xxxxx	18
41	Secondary Diagnosis Code 6	A	5	167	- 171	xxxxx	18
42	Secondary Diagnosis Code 7	A	5	172	- 176	xxxxx	18
43	Secondary Diagnosis Code 8	A	5	177	- 181	xxxxx	18
44	Secondary Procedure Code 3	A	4	182	- 185	xxxx	18
45	Secondary Procedure Code 4	A	4	186	- 189	xxxx	18
46	Secondary Procedure Code 5	A	4	190	- 193	xxxx	18
47	E-Code	A	5	194	- 198	Exxxx	37
48	Patient Risk of Mortality Value	A	1	199	- 199	0-4	36

A=Alphanumeric characters N=All numeric characters

RECORD LAYOUT OF PUBLIC USE DATA FILE III (2004.3)

	FIELD NAME	CLASS	WIDTH	POSITION		VALID VALUES	Page No.
				From	To		
1	Provider Identifier (Hospital)	A	3	1	- 3	101-145, 201-209,301-308,801	10
2	Patient's age (in 5-yr. group)	N	3	4	- 6	0 - 21, 66,99	11
3	Patient's gender	A	1	7	- 7	M, F, U, E	11
4	Length of stay	N	8	11	- 18	Days	13
5	Patient's discharge status	A	2	19	- 20	01-08, 20,40-42,50-51,61-64,71-72	13
6	Patient's residential county	N	3	26	- 28	1 - 29, 44, 55, 77, 88, 99	16
7	Principal diagnosis code	A	5	33	- 37	xxxxx	18
8	Principal procedure	A	4	58	- 61	xxxx	20
9	Secondary procedure 1	A	4	62	- 65	xxxx	18
10	Secondary procedure 2	A	4	66	- 69	xxxx	18
11	DRG	N	3	70	- 72	1 - 543	19
12	MDC	N	3	73	- 75	1-25, 0	30
13	Total charge	N	10	76	- 85	12345678.00	30
14	Facility charge	N	10	86	- 95	12345678.00	30
15	Professional charge	N	10	96	- 105	12345678.00	31
16	Primary payer category	A	2	134	- 135	1 - 10,13,99	34
17	Record ID number	N	8	154	- 161	12345678	35

A=Alphanumeric characters N=All numeric characters

DESCRIPTION
OF DATA
ELEMENTS

Provider Identifier: (see Appendix C for hospital characteristics)

Hospital from which patient was discharged.

- 101 = BEAVER VALLEY HOSPITAL
- 102 = MILFORD VALLEY MEMORIAL HOSPITAL
- 103 = BRIGHAM CITY COMMUNITY HOSPITAL
- 104 = BEAR RIVER VALLEY HOSPITAL
- 105 = LOGAN REGIONAL HOSPITAL
- 106 = CASTLEVIEW HOSPITAL
- 107 = LAKEVIEW HOSPITAL
- 108 = DAVIS HOSPITAL & MEDICAL CENTER
- 109 = UINTAH BASIN MEDICAL CENTER
- 110 = GARFIELD MEMORIAL HOSPITAL
- 111 = ALLEN MEMORIAL HOSPITAL
- 112 = VALLEY VIEW MEDICAL CENTER
- 113 = CENTRAL VALLEY MEDICAL CENTER
- 114 = KANE COUNTY HOSPITAL
- 115 = FILLMORE COMMUNITY MEDICAL CENTER
- 116 = DELTA COMMUNITY MEDICAL CENTER
- 117 = JORDAN VALLEY HOSPITAL
- 118 = ALTA VIEW HOSPITAL
- 119 = COTTONWOOD HOSPITAL MEDICAL CENTER
- 120 = SALT LAKE REGIONAL MEDICAL CENTER
- 121 = LDS HOSPITAL
- 122 = PRIMARY CHILDREN'S MEDICAL CENTER
- 124 = ST. MARK'S HOSPITAL
- 125 = UNIVERSITY OF UTAH HOSPITALS & CLINICS
- 126 = PIONEER VALLEY HOSPITAL
- 127 = MONUMENT VALLEY ADVENTIST HOSPITAL (Closed--data through 4th Qtr 1995)
- 128 = SAN JUAN HOSPITAL
- 129 = GUNNISON VALLEY HOSPITAL
- 130 = SANPETE VALLEY HOSPITAL
- 132 = SEVIER VALLEY HOSPITAL
- 133 = MOUNTAIN WEST MEDICAL CENTER
- 134 = ASHLEY VALLEY MEDICAL CENTER
- 135 = OREM COMMUNITY HOSPITAL
- 136 = AMERICAN FORK HOSPITAL
- 137 = MOUNTAIN VIEW HOSPITAL
- 138 = UTAH VALLEY REGIONAL MEDICAL CENTER
- 139 = HEBER VALLEY MEDICAL CENTER
- 140 = DIXIE REGIONAL MEDICAL CENTER
- 141 = MCKAY-DEE HOSPITAL CENTER
- 142 = OGDEN REGIONAL MEDICAL CENTER
- 143 = ROCKY MOUNTAIN HOSPITAL (Closed--Data through 2nd Qtr 2001)
- 144 = TIMPANOGOS REGIONAL HOSPITAL
- 145 = CACHE VALLEY SPECIALTY HOSPITAL
- 201 = BENCHMARK BEHAVIORAL HEALTH SYSTEMS NORTH
- 202 = CHARTER SUMMIT HOSPITAL (Closed--data through 3rd Qtr 1993)
- 203 = SILVERADO SENIOR LIVING
- 204 = COPPER HILLS YOUTH CENTER (No longer licensed as a hospital--data through 4th Qtr 2001)
- 205 = WASATCH CANYONS HOSPITAL (Closed--data through 3rd Qtr. 1995)
- 206 = UNIVERSITY OF UTAH NEUROPSYCHIATRIC INSTITUTE
- 207 = BENCHMARK SOUTH REGIONAL HOSPITAL (Closed--data through 4th Qtr

- 1998)
- 209 = UTAH STATE HOSPITAL (Now exempt from reporting--data through 4th Qtr 1995)
 - 301 = SOUTH DAVIS COMMUNITY HOSPITAL
 - 302 = HIGHLAND RIDGE HOSPITAL
 - 304 = BONNEVILLE HEALTH & REHABILITATION CENTER(Closed--data through 4th Qtr 2000)
 - 305 = SHRINERS HOSPITAL (No data--exempt from reporting)
 - 306 = HEALTHSOUTH REHABILITATION HOSPITAL OF UTAH
 - 307 = THE ORTHOPEDIC SPECIALTY HOSPITAL
 - 308 = PROMISE SPECIALTY HOSPITAL
 - 309 = UNIVERSITY OF UTAH ORTHOPEDIC CENTER**
 - 310 = UNIVERSITY OF UTAH HUNTSMAN CANCER INSTITUTE**
 - 801 = VETERANS ADMINISTRATION MEDICAL CENTER
 - 803 = USAF HOSPITAL HILL/SGA (No data--exempt from reporting)

Patient's Age (as of last birthday) at the Date of Discharge

- 0 = 1-28 days
- 1 = 29-365 days
- 2 = 1 - 4
- 3 = 5 - 9
- 4 = 10 - 14
- 5 = 15 - 17
- 6 = 18 - 19
- 7 = 20 - 24
- 8 = 25 - 29
- 9 = 30 - 34
- 10 = 35 - 39
- 11 = 40 - 44
- 12 = 45 - 49
- 13 = 50 - 54
- 14 = 55 - 59
- 15 = 60 - 64
- 16 = 65 - 69
- 17 = 70 - 74
- 18 = 75 - 79
- 19 = 80 - 84
- 20 = 85 - 89
- 21 = 90 +
- 66 = Encrypted (confidential data)
- 99 = Unknown
- Blank = Not reported

Patient's Gender

- M = Male
- F = Female
- U = Unknown
- E = Encrypted (confidential data)
- Blank = Not reported

Type of Admission

- 1 = Emergency
- 2 = Urgent
- 3 = Elective
- 4 = Newborn
- 5 = Trauma Center**
- 9 = Unknown
- Blank = Not reported

Source of Admission for Non-Newborns

- 0 = Newborns
- 1 = Physician Referral
The patient was admitted to this facility upon the recommendation of his or her personal physician.
(See code 3 if the physician has an HMO affiliation.)
- 2 = Clinic Referral
The patient was admitted to this facility upon recommendation of this facility's clinic physician.
- 3 = HMO referral
The patient was admitted to this facility upon the recommendation of a health maintenance organization (HMO) physician.
- 4 = Transfer from a hospital
The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.
- 5 = Transfer from a skilled nursing facility
The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.
- 6 = Transfer from another health care facility
The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or skilled nursing facility.
- 7 = Emergency room
The patient was admitted to this facility upon the recommendation of this facility's emergency room physician.
- 8 = Court/Law enforcement
The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
- 9 = Information not available
The means by which the patient was admitted to this hospital is not known.
- Blank = Not reported

FOR UTAH STATE HOSPITAL ONLY:

- 3 = Family Services Referral

Source of Admission for Newborns

- 0 = Non newborns
- 1 = Normal delivery
A baby delivered without complications.
- 2 = Premature delivery
A baby delivered with time or weight factors qualifying it for premature status.
- 3 = Sick baby
A baby delivered with medical complications, other than those relating to premature status.
- 4 = Extramural birth
A baby born in a non-sterile environment.
- 9 = Information not available.
- Blank = Not reported

Length of Stay

Total days stayed in hospital from the date of admission to the date of discharge.

Blank = Not reported

Patient's Discharge Status

- 01 = Discharged to home or self care, routine discharge
- 02 = Discharged/transferred to another short-term general hospital
- 03 = Discharged/transferred to skilled nursing facility
- 04 = Discharged/transferred to an intermediate care facility
- 05 = Discharged/transferred to another type of institution
- 06 = Discharged/transferred to home under care of organized home health service organization
- 07 = Left against medical advice
- 08 = Discharged/transferred to home under care of a home IV provider
- 20 = Expired
- 40 = Expired at home
- 41 = Expired in a medial facility; i.e. hospital, skilled nursing facility, intermediate care facility, or free standing hospice
- 42 = Expired - place unknown
- 43 = Discharged/transferred to federal facility
- 50 = Discharged/transferred to hospice - home
- 51 = Discharged/transferred to hospice - medical facility
- 61 = Discharged/transferred within institution to hospital based medicare swing bed
- 62 = Discharged/transferred to another rehab facility including distinct part units in hospital
- 63 = Discharged/transferred to a long term care hospital
- 64 = Discharged/transferred to a nursing facility

certified under medicaid but not certified under medicare

65 = Discharged/transferred to a psychiatric facility

71 = Discharged/transferred/referred to another institution for outpatient (as per plan of care)

72 = Discharged/transferred to this institution for outpatient services(as per plan of care)

09 = Unknown

Blank = Not reported

Patient's Residential Zip Code

84000-84799 = Zip codes in Utah

-4444=Homeless (word homeless or homeless code of ZZZZZ given as address)

-5555=Unknown Utah(Unknown/invalid zip code with Utah address)
(Note: If the city is present in the address but the zip code is not, the zip code variable is coded as -5555 while the county variable is coded with the actual county identifier)

-6666=Encrypted (confidential data)

-8888=Unknown (completely missing address information)

-9999=Outside U.S.A. (foreign address)

If less than 30 discharges occurred for a Utah zip code area, this zip code was mapped into the county code:

Beave = Beaver
BoxEl = Box Elder
Cache = Cache
Carbo = Carbon
Dagge = Daggett
Davis = Davis
Duche = Duchesne
Emery = Emery
Garfi = Garfield
Iron = Iron
Milla = Millard
Morga = Morgan
Piute = Piute
Rich = Rich
SaltL = Salt Lake
SanJu = San Juan
Sanpe = Sanpete
Sevie = Sevier
Summi = Summit
Tooel = Tooele
Uinta = Uintah
Washi = Washington
Wayne = Wayne
Weber = Weber

A quick way to identify the city associated with a zip code is to use the United States Postal Service website:

http://www.usps.gov/ncsc/lookups/lookup_ctystzip.html

If less than 30 discharges occurred for a non Utah zip code area, this zip code was mapped into the state code:

AL = ALABAMA
AK = ALASKA
AZ = ARIZONA
AR = ARKANSAS

CA = CALIFORNIA
CO = COLORADO
CT = CONNECTICUT
DE = DELAWARE
DC = DISTRICT OF COLUMBIA
FL = FLORIDA
GA = GEORGIA
HI = HAWAII
ID = IDAHO
IL = ILLINOIS
IN = INDIANA
IA = IOWA
KS = KANSAS
KY = KENTUCKY
LA = LOUISIANA
ME = MAINE
MD = MARYLAND
MA = MASSACHUSETTS
MI = MICHIGAN
MN = MINNESOTA
MS = MISSISSIPPI
MO = MISSOURI
MT = MONTANA
NE = NEBRASKA
NV = NEVADA
NH = NEW HAMPSHIRE
NJ = NEW JERSEY
NM = NEW MEXICO
NY = NEW YORK
NC = NORTH CAROLINA
ND = NORTH DAKOTA
OH = OHIO
OK = OKLAHOMA
OR = OREGON
PA = PENNSYLVANIA
RI = RHODE ISLAND
SC = SOUTH CAROLINA
SD = SOUTH DAKOTA
TN = TENNESSEE
TX = TEXAS
UT = UTAH
VT = VERMONT
VA = VIRGINIA
WA = WASHINGTON
WV = WEST VIRGINIA
WI = WISCONSIN
WY = WYOMING
PR = PUERTO RICO
GU = GUAM

Patient's Residential County

- 1= Box Elder
- 2= Cache
- 3= Rich
- 4= Morgan
- 5= Weber
- 6= Davis
- 7= Salt Lake
- 8= Summit
- 9= Tooele
- 10= Utah
- 11= Wasatch
- 12= Daggett
- 13= Duchesne
- 14= Uintah
- 15= Juab
- 16= Millard
- 18= Sanpete
- 17= Piute
- 19= Sevier
- 20= Wayne
- 21= Carbon
- 22= Emery
- 23= Grand
- 24= San Juan
- 25= Beaver
- 26= Garfield
- 27= Iron
- 28= Kane
- 29= Washington
- 30= Multi-County (used in earlier versions of dataset-the category has been eliminated)
- 44= Homeless (word "homeless" or homeless code of ZZZZZ given as address)
- 55= Unknown Utah (unknown city & zip but "Utah" in address)
- 77= Outside Utah (but in U.S.A.)
- 88= Unknown (completely missing address information)
- 99= Outside U.S.A. (foreign address)

Suggested Division of Local Areas:

Definition	County Code (see above)
1. Urban vs. Rural	
Urban Areas	5, 6, 7, 10
Rural Areas	1-4, 8-9, 11-29
Excluding	30, 44, 55, 77, 88, 99
2. Wasatch Front Area	
Yes	5, 6, 7, 10
No	1-4, 8-9, 11-29
Excluding	30, 44, 55, 77, 88, 99
3. Local Health Districts	
Bear River	1-3
Weber-Morgan	4-5
Davis County	6
Salt Lake County	7
Summit County	8
Tooele County	9
Utah County	10
Wasatch County	11
Uintah Basin	12-14
Central Utah	15-20
Southeastern Utah	21-24
Southwest Utah	25-29

Patient's Cross-County Migrant Status (hospital in different county than patient residence)

Y = Yes (includes out-of-state, foreign, out-of-county, homeless)
N = No (from same county)
U = Unknown (includes unknown and unknown but Utah residence)

Patient's Marital Status

S = Single
M = Married
X = Legally Separated
D = Divorced
W = Widowed
P = Life Partner
U = Unknown
Blank = Not reported

Patient's Race and Ethnicity

W = White, non Hispanic origin
WH = White, Hispanic origin
NW = Non-white, Hispanic origin
NH = Non-white, non Hispanic origin
UK = Unknown
Blank = Not reported

Principal Diagnosis Code

ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

The ICD-9-CM diagnosis codes can be looked up on the internet at Yaki Technologies' website "www.eicd.com/eicdmain.htm".

Secondary Diagnosis Code 1 through Secondary Diagnosis Code 8

Definition and category are the same as Principal Diagnosis Code

V-codes and secondary E-codes are also placed in these Secondary Diagnosis Code fields (both can be looked up at "www.eicd.com/eicdmain.htm").

Principal Procedure Code

ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 2nd and 3rd digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

Secondary Procedure Code 1 through Secondary Procedure Code 5

Definition and category are the same as Principal Procedure Code

Diagnosis Related Group (DRG)

1* CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA (prior to 10-1-02)
1* CRANIOTOMY AGE >17 WITH COMPLICATIONS, COMORBIDITIES (beginning 10-1-02)
2* CRANIOTOMY FOR TRAUMA AGE >17 (prior to 10-1-02)
2* CRANIOTOMY AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES (beginning 10-1-02)
3 CRANIOTOMY AGE 0-17
4* SPINAL PROCEDURES (prior to 10-1-03; beginning 10-1-03 DRG 4 is invalid and
is replaced by DRG 531, 532)
5* EXTRACRANIAL VASCULAR PROCEDURES (prior to 10-1-03; beginning 10-1-03 DRG 5
is invalid and is replaced by DRG 533, 534)
6 CARPAL TUNNEL RELEASE
7 PERIPHERAL & CRANIAL NERVE & OTHER NERVE SYSTEM PROCEDURES WITH
COMPLICATIONS, COMORBIDITIES
8 PERIPHERAL & CRANIAL NERVE & OTHER NERVE SYSTEM PROCEDURES
WITHOUT COMPLICATIONS, COMORBIDITIES
9 SPINAL DISORDERS & INJURIES
10 NERVOUS SYSTEM NEOPLASMS WITH COMPLICATIONS, COMORBIDITIES
11 NERVOUS SYSTEM NEOPLASMS WITHOUT COMPLICATIONS, COMORBIDITIES
12 DEGENERATIVE NERVOUS SYSTEM DISORDERS
13 MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
14* SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TRANSIENT ISCHEMIC ATTACK
(prior to 10-1-02)
14* INTRA CRANIAL HEMORRHAGE AND STROKE WITH INFARCTION (beginning 10-1-02,
used to 10-1-04)
14* INTRA CRANIAL HEMORRHAGE OR CEREBRAL INFARCTION (beginning 10-1-04)
15* TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS (prior to 10-1-02)
15* NONSPECIFIC CEREBROVASCULAR AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION
(beginning 10-1-02)
16 NONSPECIFIC CEREBROVASCULAR DISORDERS WITH COMPLICATIONS, COMORBIDITIES
17 NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
18 CRANIAL & PERIPHERAL NERVE DISORDERS WITH COMPLICATIONS, COMORBIDITIES
19 CRANIAL & PERIPHERAL NERVE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
20 NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS
21 VIRAL MENINGITIS
22 HYPERTENSIVE ENCEPHALOPATHY
23 NONTRAUMATIC STUPOR & COMA
24 SEIZURE & HEADACHE AGE >17 WITH COMPLICATIONS, COMORBIDITIES
25 SEIZURE & HEADACHE AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
26 SEIZURE & HEADACHE AGE 0-17
27 TRAUMATIC STUPOR & COMA, COMA >1 HR
28 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
29 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
30 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17
31 CONCUSSION AGE >17 WITH COMPLICATIONS, COMORBIDITIES
32 CONCUSSION AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
33 CONCUSSION AGE 0-17
34 OTHER DISORDERS OF NERVOUS SYSTEM WITH COMPLICATIONS, COMORBIDITIES
35 OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT COMPLICATION, COMORBIDITIES
36 RETINAL PROCEDURES
37 ORBITAL PROCEDURES
38 PRIMARY IRIS PROCEDURES
39 LENS PROCEDURES WITH OR WITHOUT VITRECTOMY
40 EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17
41 EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17
42 INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
43 HYPHEMA
44 ACUTE MAJOR EYE INFECTIONS
45 NEUROLOGICAL EYE DISORDERS
46 OTHER DISORDERS OF THE EYE AGE >17 WITH COMPLICATIONS, COMORBIDITIES
47 OTHER DISORDERS OF THE EYE AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
48 OTHER DISORDERS OF THE EYE AGE 0-17
49 MAJOR HEAD & NECK PROCEDURES
50 SIALOADENECTOMY
51 SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY

Diagnosis Related Group (DRG)

52 CLEFT LIP & PALATE REPAIR
53 SINUS & MASTOID PROCEDURES AGE >17
54 SINUS & MASTOID PROCEDURES AGE 0-17
55 MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
56 RHINOPLASTY
57 TONSIL & ADENOID PROCEDURES, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,
AGE >17
58 TONSIL & ADENOID PROCEDURES, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,
AGE 0-17
59 TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
60 TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
61 MYRINGOTOMY WITH TUBE INSERTION AGE >17
62 MYRINGOTOMY WITH TUBE INSERTION AGE 0-17
63 OTHER EAR, NOSE, MOUTH & THROAT OPERATING ROOM PROCEDURES
64 EAR, NOSE, MOUTH & THROAT MALIGNANCY
65 DISEQUILIBRIUM
66 EPISTAXIS
67 EPIGLOTTITIS
68 OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE >16 WITH COMPLICATIONS,
COMORBIDITIES
69 OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE > 17 WITHOUT
COMPLICATIONS, COMORBIDITIES
70 OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE 0-17
71 LARYNGOTRACHEITIS
72 NASAL TRAUMA & DEFORMITY
73 OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17
74 OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17
75 MAJOR CHEST PROCEDURES
76 OTHER RESPIRATORY SYSTEM OPERATING ROOM PROCEDURES WITH COMPLICATIONS,
COMORBIDITIES
77 OTHER RESPIRATORY SYSTEM OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS,
COMORBIDITIES
78 PULMONARY EMBOLISM
79 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
80 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
81 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17
82 RESPIRATORY NEOPLASMS
83 MAJOR CHEST TRAUMA WITH COMPLICATIONS, COMORBIDITIES
84 MAJOR CHEST TRAUMA WITHOUT COMPLICATIONS, COMORBIDITIES
85 PLEURAL EFFUSION WITH COMPLICATIONS, COMORBIDITIES
86 PLEURAL EFFUSION WITHOUT COMPLICATIONS, COMORBIDITIES
87 PULMONARY EDEMA & RESPIRATORY FAILURE
88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE
89 SIMPLE PNEUMONIA & PLEURISY AGE >17 WITH COMPLICATIONS, COMORBIDITIES
90 SIMPLE PNEUMONIA & PLEURISY AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
91 SIMPLE PNEUMONIA & PLEURISY AGE 0-17
92 INTERSTITIAL LUNG DISEASE WITH COMPLICATIONS, COMORBIDITIES
93 INTERSTITIAL LUNG DISEASE WITHOUT COMPLICATIONS, COMORBIDITIES
94 PNEUMOTHORAX WITH COMPLICATIONS, COMORBIDITIES
95 PNEUMOTHORAX WITHOUT COMPLICATIONS, COMORBIDITIES
96 BRONCHITIS & ASTHMA AGE >17 WITH COMPLICATIONS, COMORBIDITIES
97 BRONCHITIS & ASTHMA AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
98 BRONCHITIS & ASTHMA AGE 0-17
99 RESPIRATORY SIGNS & SYMPTOMS WITH COMPLICATIONS, COMORBIDITIES
100 RESPIRATORY SIGNS & SYMPTOMS WITHOUT COMPLICATIONS, COMORBIDITIES
101 OTHER RESPIRATORY SYSTEM DIAGNOSES WITH COMPLICATIONS, COMORBIDITIES
102 OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT COMPLICATIONS, COMORBIDITIES
103* HEART TRANSPLANT (prior to 10-1-04)
103* HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM (beginning 10-1-04)
104* CARDIAC VALVE PROCEDURES WITH CARDIAC CATHETER (prior to 10-1-98)
104* CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETER
(beginning 10-1-98)
105* CARDIAC VALVE PROCEDURES WITHOUT CARDIAC CATHETER (prior to 10-1-98)
105* CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC WITHOUT CARDIAC CATHETER

Diagnosis Related Group (DRG)

- (beginning 10-1-98)
- 106* CORONARY BYPASS WITH CARDIAC CATHETER (prior to 10-1-98)
 - 106* CORONARY BYPASS WITH PTCA (beginning 10-1-98)
 - 107* CORONARY BYPASS WITHOUT CARDIAC CATHETER (prior to 10-1-98)
 - 107* CORONARY BYPASS WITH CARDIAC CATHETER (beginning 10-1-98)
 - 108 OTHER CARDIOTHORACIC PROCEDURES
 - 109* CORONARY BYPASS WITHOUT CARDIAC CATHETER (beginning 10-1-98; the DRG "109" number was not assigned until 10-1-98)
 - 110 MAJOR CARDIOVASCULAR PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
 - 111 MAJOR CARDIOVASCULAR PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
 - 112* PERCUTANEOUS CARDIOVASCULAR PROCEDURES (prior to 10-1-01; no "112" beginning 10-1-01 when DRGs 516-518 were added)
 - 113 AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE
 - 114 UPPER LIMB & TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS
 - 115* PERMANENT CARDIAC PACEMAKER IMPLANT WITH ACUTE MYOCARDIAL INFARCTION, HEART FAILURE OR SHOCK (prior to 10-1-97)
 - 115* PERMANENT CARDIAC PACEMAKER IMPLANT WITH ACUTE MYOCARDIAL INFARCTION, HEART FAILURE OR SHOCK, OR AICD LEAD OR GENERATOR PROC (beginning 10-1-97)
 - 116* OTHER PERMANENT CARDIAC PACEMAKER IMPLANT OR AICD LEAD OR GENERATOR PROC (prior to 10-1-97)
 - 116* OTHER PERMANENT CARDIAC PACEMAKER IMPLANT OR PTCA WITH CORONARY ARTERY STENT IMPLANT (between 10-1-97 and 10-1-01)
 - 116* OTHER CARDIAC PACEMAKER IMPLANTATION (beginning 10-1-01)
 - 117 CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
 - 118 CARDIAC PACEMAKER DEVICE REPLACEMENT
 - 119 VEIN LIGATION & STRIPPING
 - 120 OTHER CIRCULATORY SYSTEM OPERATING ROOM PROCEDURES
 - 121* CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION & CARDIOVASCULAR COMPLICATIONS, DISCHARGED ALIVE (prior to 10-1-97)
 - 121* CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION & MAJOR COMPLICATION, DISCHARGED ALIVE (beginning 10-1-97)
 - 122* CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION WITHOUT CARDIOVASCULAR COMPLICATION, DISCHARGED ALIVE (prior to 10-1-97)
 - 122* CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION WITHOUT MAJOR COMPLICATION, DISCHARGED ALIVE (beginning 10-1-97)
 - 123 CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION, EXPIRED
 - 124 CIRCULATORY DISORDERS EXCEPT ACUTE MYOCARDIAL INFARCTION, WITH CARDIAC CATHETER & COMPLEX DIAGNOSES
 - 125 CIRCULATORY DISORDERS EXCEPT ACUTE MYOCARDIAL INFARCTION, WITH CARDIAC CATHETER WITHOUT COMPLEX DIAGNOSES
 - 126 ACUTE & SUBACUTE ENDOCARDITIS
 - 127 HEART FAILURE & SHOCK
 - 128 DEEP VEIN THROMBOPHLEBITIS
 - 129 CARDIAC ARREST, UNEXPLAINED
 - 130 PERIPHERAL, VASCULAR DISORDERS WITH COMPLICATIONS, COMORBIDITIES
 - 131 PERIPHERAL VASCULAR DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
 - 132 ATHEROSCLEROSIS WITH COMPLICATIONS, COMORBIDITIES
 - 133 ATHEROSCLEROSIS WITHOUT COMPLICATIONS, COMORBIDITIES
 - 134 HYPERTENSION
 - 135 CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
 - 136 CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
 - 137 CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17
 - 138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITH COMPLICATIONS, COMORBIDITIES
 - 139 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
 - 140 ANGINA PECTORIS
 - 141 SYNCOPE & COLLAPSE WITH COMPLICATIONS, COMORBIDITIES
 - 142 SYNCOPE & COLLAPSE WITHOUT COMPLICATIONS, COMORBIDITIES
 - 143 CHEST PAIN
 - 144 OTHER CIRCULATORY SYSTEM DIAGNOSES WITH COMPLICATIONS, COMORBIDITIES
 - 145 OTHER CIRCULATORY SYSTEM DIAGNOSES WITHOUT COMPLICATIONS, COMORBIDITIES
 - 146 RECTAL RESECTION WITH COMPLICATIONS, COMORBIDITIES
 - 147 RECTAL RESECTION WITHOUT COMPLICATIONS, COMORBIDITIES
 - 148 MAJOR SMALL & LARGE BOWEL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES

Diagnosis Related Group (DRG)

149 MAJOR SMALL & LARGE BOWEL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
150 PERITONEAL ADHESIOLYSIS WITH COMPLICATIONS, COMORBIDITIES
151 PERITONEAL ADHESIOLYSIS WITHOUT COMPLICATIONS, COMORBIDITIES
152 MINOR SMALL & LARGE BOWEL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
153 MINOR SMALL & LARGE BOWEL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
154 STOMACH, ESOPHAGEAL, & DUODENAL PROCEDURES AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
155 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
156 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
157 ANAL & STOMAL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
158 ANAL & STOMAL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
159 HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
160 HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
161 INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
162 INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
163 HERNIA PROCEDURES AGE 0-17
164 APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH COMPLICATIONS,
COMORBIDITIES
165 APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT COMPLICATIONS,
COMORBIDITIES
166 APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH COMPLICATIONS,
COMORBIDITIES
167 APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT COMPLICATIONS,
COMORBIDITIES
168 MOUTH PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
169 MOUTH PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
170 OTHER DIGESTIVE SYSTEM OPERATING ROOM PROCEDURES WITH COMPLICATIONS,
COMORBIDITIES
171 OTHER DIGESTIVE SYSTEM OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS,
COMORBIDITIES
172 DIGESTIVE MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
173 DIGESTIVE MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
174 GASTROINTESTINAL HEMORRHAGE WITH COMPLICATIONS, COMORBIDITIES
175 GASTROINTESTINAL HEMORRHAGE WITHOUT COMPLICATIONS, COMORBIDITIES
176 COMPLICATED PEPTIC ULCER
177 UNCOMPLICATED PEPTIC ULCER WITH COMPLICATIONS, COMORBIDITIES
178 UNCOMPLICATED PEPTIC ULCER WITHOUT COMPLICATIONS, COMORBIDITIES
179 INFLAMMATORY BOWEL DISEASE
180 GASTROINTESTINAL OBSTRUCTION WITH COMPLICATIONS, COMORBIDITIES
181 GASTROINTESTINAL OBSTRUCTION WITHOUT COMPLICATIONS, COMORBIDITIES
182 ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE >17
WITH COMPLICATIONS, COMORBIDITIES
183 ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE >17
WITHOUT COMPLICATIONS, COMORBIDITIES
184 ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE 0-17
185 DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS AGE >17
186 DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17
187 DENTAL EXTRACTIONS & RESTORATIONS
188 OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 WITH COMPLICATIONS, COMORBIDITIES
189 OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
190 OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17
191 PANCREAS, LIVER & SHUNT PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
192 PANCREAS, LIVER 7 SHUNT PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
193 BILIARY TACT PROCEDURES EXCEPT ONLY TOTAL CHOLECYST WITH OR WITHOUT COMMON
DUCT EXPLORATION WITH COMPLICATIONS, COMORBIDITIES
194 BILIARY TRACT PROCEDURES EXCEPT ONLY TOTAL CHOLECYST WITH OR WITHOUT COMMON
DUCT EXPLORATION WITHOUT COMPLICATIONS, COMORBIDITIES
195 CHOLECYSTECTOMY WITH COMMON DUCT EXPLORATION WITH COMPLICATIONS,
COMORBIDITIES
196 CHOLECYSTECTOMY WITH COMMON DUCT EXPLORATION WITHOUT COMPLICATIONS,

Diagnosis Related Group (DRG)

COMORBIDITIES

197 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORATION WITH
COMPLICATIONS, COMORBIDITIES

198 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORATION
WITHOUT COMPLICATIONS, COMORBIDITIES

199 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY

200 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY

201 OTHER HEPATOBILIARY OR PANCREAS OPERATING ROOM PROCEDURES

202 CIRRHOSIS & ALCOHOLIC HEPATITIS

203 MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS

204 DISORDERS OF PANCREAS EXCEPT MALIGNANCY

205 DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPATITIS WITH
COMPLICATIONS, COMORBIDITIES

206 DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPATITIS
WITHOUT COMPLICATIONS, COMORBIDITIES

207 DISORDERS OF THE BILIARY TRACT WITH COMPLICATIONS, COMORBIDITIES

208 DISORDERS OF THE BILIARY TRACT WITHOUT COMPLICATIONS, COMORBIDITIES

209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY

210 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 WITH COMPLICATIONS,
COMORBIDITIES

211 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES

212 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17

213 AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DISORDERS

214* BACK & NECK PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-97;
no "214" beginning 10-1-97 when DRGs 497-500 were added)

215* BACK & NECK PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES (prior to
10-1-07; no "215" beginning 10-1-97 when DRGs 497-500 were added)

216 BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE

217 WOUND DEBRIDEMENT & SKIN GRAFT EXCEPT HAND, FOR MUSCULOSKELETAL &
CONNECTIVE TISSUE DISORDERS

218 LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE >17
COMPLICATIONS, COMORBIDITIES

219 LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE >17
WITHOUT COMPLICATIONS, COMORBIDITIES

220 LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE 0-17

221* KNEE PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-97; no
"221" beginning 10-1-97 when DRGs 501-503 were added)

222* KNEE PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-97; no
"222" beginning 10-1-97 when DRGs 501-503 were added)

223 MAJOR SHOULDER/ELBOW PROCEDURE, OR OTHER UPPER EXTREMITY PROCEDURES WITH
COMPLICATIONS, COMORBIDITIES

224 SHOULDER, ELBOW OR FOREARM PROCEDURE, EXCEPT MAJOR JOINT PROCEDURES WITHOUT
COMPLICATIONS, COMORBIDITIES

225 FOOT PROCEDURES

226 SOFT TISSUE PROCEDURES WITH COMPLICATIONS, COMORBIDITIES

227 SOFT TISSUE PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES

228 MAJOR THUMB OR JOINT PROCEDURE, OR OTHER HAND OR WRIST PROCEDURE WITH
COMPLICATIONS, COMORBIDITIES

229 HAND OR WRIST PROCEDURE, EXCEPT MAJOR JOINT PROCEDURE, WITHOUT
COMPLICATIONS, COMORBIDITIES

230 LOCAL EXCISION & REMOVAL OF INTERNAL FIXATION DEVICES OF HIP & FEMUR

231* LOCAL EXCISION & REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP & FEMUR
(prior to 10-1-03; beginning 10-1-03 DRG 231 is invalid and is replaced
by DRG 537, 538)

232 ARTHROSCOPY

233 OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE OPERATING ROOM PROCEDURES
WITH COMPLICATIONS, COMORBIDITIES

234 OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE OPERATING ROOM PROCEDURES
WITHOUT COMPLICATIONS, COMORBIDITIES

235 FRACTURES OF FEMUR

236 FRACTURES OF HIP & PELVIS

237 SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH

238 OSTEOMYELITIS

239 PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONNECTIVE TISSUE MALIGNANCY

240 CONNECTIVE TISSUE DISORDERS WITH COMPLICATIONS, COMORBIDITIES

241 CONNECTIVE TISSUE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES

Diagnosis Related Group (DRG)

242 SEPTIC ARTHRITIS
243 MEDICAL BACK PROBLEMS
244 BONE DISEASES & SPECIFIC ARTHROPATHIES WITH COMPLICATIONS, COMORBIDITIES
245 BONE DISEASES & SPECIFIC ARTHROPATHIES WITHOUT COMPLICATIONS, COMORBIDITIES
246 NON-SPECIFIC ARTHROPATHIES
247 SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
248 TENDINITIS, MYOSITIS & BURSITIS
249 AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
250 FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF FOREARM, HAND, FOOT AGE >17 WITH
COMPLICATIONS, COMORBIDITIES
251 FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF FOREARM, HAND, FOOT AGE >17
WITHOUT COMPLICATIONS, COMORBIDITIES
252 FRACTURE, SPRAIN, STRAIN & DISLOCATION OF FOREARM, HAND, FOOT AGE 0-17
253 FRACTURE, SPRAIN, STRAIN & DISLOCATION OF UPPER ARM, LOWER LEG EXCEPT FOOT
AGE >17 WITH COMPLICATIONS, COMORBIDITIES
254 FRACTURE, SPRAIN, STRAIN & DISLOCATION OF UPPER ARM, LOWER LEG, EXCEPT FOOT
AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
255 FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF UPPER ARM, LOWER LEG EXCEPT FOOT
AGE 0-17
256 OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSIS
257 TOTAL MASTECTOMY FOR MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
258 TOTAL MASTECTOMY FOR MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
259 SUBTOTAL MASTECTOMY FOR MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
260 SUBTOTAL MASTECTOMY FOR MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
261 BREAST PROCEDURE FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION
262 BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
263 SKIN GRAFT &/OR DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS WITH
COMPLICATIONS, COMORBIDITIES
264 SKIN GRAFT &/OR DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS WITHOUT
COMPLICATIONS, COMORBIDITIES
265 SKIN GRAFT &/OR DEBRIDEMENT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH
COMPLICATIONS, COMORBIDITIES
266 SKIN GRAFT &/OR DEBRIDEMENT EXCEPT FOR SKIN ULCER OR CELLULITIS WITHOUT
COMPLICATIONS, COMORBIDITIES
267 PERIANAL & PILONIDAL PROCEDURES
268 SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES
269 OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES WITH COMPLICATIONS,
COMORBIDITIES
270 OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES WITHOUT COMPLICATIONS,
COMORBIDITIES
271 SKIN ULCERS
272 MAJOR SKIN DISORDERS WITH COMPLICATIONS, COMORBIDITIES
273 MAJOR SKIN DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
274 MALIGNANT BREAST DISORDERS WITH COMPLICATIONS, COMORBIDITIES
275 MALIGNANT BREAST DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
276 NON-MALIGNANT BREAST DISORDERS
277 CELLULITIS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
278 CELLULITIS AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
279 CELLULITIS AGE 0-17
280 TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE >17 WITH
COMPLICATIONS, COMORBIDITIES
281 TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE >17 WITHOUT
COMPLICATIONS, COMORBIDITIES
282 TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE 0-17
283 MINOR SKIN DISORDERS WITH COMPLICATIONS, COMORBIDITIES
284 MINOR SKIN DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
285 AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITION & METABOLIC DISORDERS
286 ADRENAL & PITUITARY PROCEDURES
287 SKIN GRAFTS & WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITION & METABOLIC
DISORDERS
288 OPERATING ROOM PROCEDURES FOR OBESITY
289 PARATHYROID PROCEDURES
290 THYROID PROCEDURES
291 THYROID PROCEDURES
292 OTHER ENDOCRINE, NUTRITION & METABOLIC OPERATING ROOM PROCEDURES WITH
COMPLICATIONS, COMORBIDITIES
293 OTHER ENDOCRINE, NUTRITION & METABOLIC OPERATING ROOM PROCEDURES WITHOUT

Diagnosis Related Group (DRG)

COMPLICATIONS, COMORBIDITIES
294 DIABETES AGE >35
295 DIABETES AGE 0-35
296 NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
297 NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE >17 WITHOUT
COMPLICATIONS, COMORBIDITIES
298 NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE 0-17
299 INBORN ERRORS OF METABOLISM
300 ENDOCRINE DISORDERS WITH COMPLICATIONS, COMORBIDITIES
301 ENDOCRINE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
302 KIDNEY TRANSPLANT
303 KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM
304 KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NON-NEOPLASM WITH
COMPLICATIONS, COMORBIDITIES
305 KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NON-NEOPLASM
WITHOUT COMPLICATIONS, COMORBIDITIES
306 PROSTATECTOMY WITH COMPLICATIONS, COMORBIDITIES
307 PROSTATECTOMY WITHOUT COMPLICATIONS, COMORBIDITIES
308 MINOR BLADDER PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
309 MINOR BLADDER PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
310 TRANSURETHRAL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
311 TRANSURETHRAL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
312 URETHRAL PROCEDURES, AGE > 17 WITH COMPLICATIONS, COMORBIDITIES
313 URETHRAL PROCEDURES, AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
314 URETHRAL PROCEDURES, AGE 0-17
315 OTHER KIDNEY & URINARY TRACT OPERATING ROOM PROCEDURES
316 RENAL FAILURE
317 ADMIT FOR RENAL DIALYSIS
318 KIDNEY & URINARY TRACT NEOPLASMS WITH COMPLICATIONS, COMORBIDITIES
319 KIDNEY & URINARY TRACT NEOPLASMS WITHOUT COMPLICATIONS, COMORBIDITIES
320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
321 KIDNEY & URINARY TRACT INFECTIONS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
322 KIDNEY & URINARY TRACT INFECTIONS AGE 0-17
323 URINARY STONES WITH COMPLICATIONS, COMORBIDITIES, &/OR EXTRACORPOREAL SHOCK
WAVE LITHOTRIPSY
324 URINARY STONES WITHOUT COMPLICATIONS, COMORBIDITIES
325 KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
326 KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
327 KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17
328 URETHRAL STRICTURE AGE >17 WITH COMPLICATIONS, COMORBIDITIES
329 URETHRAL STRICTURE AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
330 URETHRAL STRICTURE AGE 0-17
331 OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
332 OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
333 OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17
334 MAJOR MALE PELVIC PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
335 MAJOR MALE PELVIC PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
336 TRANSURETHRAL PROSTATECTOMY WITH COMPLICATIONS, COMORBIDITIES
337 TRANSURETHRAL PROSTATECTOMY WITHOUT COMPLICATIONS, COMORBIDITIES
338 TESTES PROCEDURES, FOR MALIGNANCY
339 TESTES PROCEDURES, NON-MALIGNANCY AGE >17
340 TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
341 PENIS PROCEDURES
342 CIRCUMCISION AGE >17
343 CIRCUMCISION AGE 0-17
344 OTHER MALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES FOR MALIGNANCY
345 OTHER MALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES EXCEPT FOR
MALIGNANCY
346 MALIGNANCY, MALE REPRODUCTIVE SYSTEM, WITH COMPLICATIONS, COMORBIDITIES
347 MALIGNANCY, MALE REPRODUCTIVE SYSTEM, WITHOUT COMPLICATIONS, COMORBIDITIES
348 BENIGN PROSTATIC HYPERTROPHY WITH COMPLICATIONS, COMORBIDITIES

Diagnosis Related Group (DRG)

349 BENIGN PROSTATIC HYPERTROPHY WITHOUT COMPLICATIONS, COMORBIDITIES
350 INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM
351 STERILIZATION, MALE
352 OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES
353 PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
354 UTERINE, ADNEXA PROCEDURES FOR NON-OVARIAN/ADNEXAL MALIGNANCY
WITH COMPLICATIONS, COMORBIDITIES
355 UTERINE, ADNEXA PROCEDURES FOR NON-OVARIAN/ADNEXAL MALIGNANCY
WITHOUT COMPLICATIONS, COMORBIDITIES
356 FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
357 UTERINE & ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY
358 UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITH COMPLICATIONS,
COMORBIDITIES
359 UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITHOUT COMPLICATIONS,
COMORBIDITIES
360 VAGINA, CERVIX & VULVA PROCEDURES
361 LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
362 ENDOSCOPIC TUBAL INTERRUPTION
363 DILATION & CURETTAGE, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
364 DILATION & CURETTAGE, CONIZATION EXCEPT FOR MALIGNANCY
365 OTHER FEMALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES
366 MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH COMPLICATIONS, COMORBIDITIES
367 MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITHOUT COMPLICATIONS, COMORBIDITIES
368 INFECTIONS, FEMALE REPRODUCTIVE SYSTEM
369 MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS
370 CESAREAN SECTION WITH COMPLICATIONS, COMORBIDITIES
371 CESAREAN SECTION WITHOUT COMPLICATIONS, COMORBIDITIES
372 VAGINAL DELIVERY WITH COMPLICATING DIAGNOSES
373 VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSES
374 VAGINAL DELIVERY WITH STERILIZATION &/OR DILATION & CURETTAGE
375 VAGINAL DELIVERY WITH OPERATING ROOM PROCEDURE EXCEPT STERILIZATION &/OR
DILATION & CURETTAGE
376 POSTPARTUM & POST ABORTION DIAGNOSES WITHOUT OPERATING ROOM PROCEDURE
377 POSTPARTUM & POST ABORTION DIAGNOSES WITH OPERATING ROOM PROCEDURE
378 ECTOPIC PREGNANCY
379 THREATENED ABORTION
380 ABORTION WITHOUT DILATION & CURETTAGE
381 ABORTION WITH DILATION & CURETTAGE, ASPIRATION CURETTAGE OR HYSTEROTOMY
382 FALSE LABOR
383 OTHER ANTEPARTUM DIAGNOSES WITH MEDICAL COMPLICATIONS
384 OTHER ANTEPARTUM DIAGNOSES WITHOUT MEDICAL COMPLICATIONS
385 NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
386 EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
387 PREMATURITY WITH MAJOR PROBLEMS
388 PREMATURITY WITHOUT MAJOR PROBLEMS
389 FULL TERM NEONATE WITH MAJOR PROBLEMS
390 NEONATE WITH OTHER SIGNIFICANT PROBLEMS
391 NORMAL NEWBORN
392 SPLENECTOMY AGE >17
393 SPLENECTOMY AGE 0-17
394 OTHER OPERATING ROOM PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS
395 RED BLOOD CELL DISORDERS AGE >17
396 RED BLOOD CELL DISORDERS AGE 0-17
397 COAGULATION DISORDERS
398 RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITH COMPLICATIONS, COMORBIDITIES
399 RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITHOUT COMPLICATIONS,
COMORBIDITIES
400* LYMPHOMA & LEUKEMIA WITH MAJOR OPERATING ROOM PROCEDURE (prior to 10-1-03;
beginning 10-1-03 DRG 400 is invalid and is replaced by DRG 539, 540)
401 LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER OPERATING ROOM PROCEDURES WITH
COMPLICATIONS, COMORBIDITIES
402 LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER OPERATING ROOM PROCEDURES WITHOUT
COMPLICATIONS, COMORBIDITIES
403 LYMPHOMA & NON-ACUTE LEUKEMIA WITH COMPLICATIONS, COMORBIDITIES
404 LYMPHOMA & NON-ACUTE LEUKEMIA WITHOUT COMPLICATIONS, COMORBIDITIES
405 ACUTE LEUKEMIA WITHOUT MAJOR OPERATING ROOM PROCEDURE AGE 0-17

Diagnosis Related Group (DRG)

406 MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH MAJOR
OPERATING ROOM PROCEDURES WITH COMPLICATIONS, COMORBIDITIES

407 MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH MAJOR
OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES

408 MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH OTHER
OPERATING ROOM PROCEDURES

409 RADIOTHERAPY

410 CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS

411 HISTORY OF MALIGNANCY WITHOUT ENDOSCOPY

412 HISTORY OF MALIGNANCY WITH ENDOSCOPY

413 OTHER MYELOPROLIFERATIVE DISEASES OR POORLY DIFFUSED NEOPLASM DIAGNOSES
WITH COMPLICATIONS, COMORBIDITIES

414 OTHER MYELOPROLIFERATIVE DISEASES OR POORLY DIFFUSED NEOPLASM DIAGNOSES
WITHOUT COMPLICATIONS, COMORBIDITIES

415 OPERATING ROOM PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES

416 SEPTICEMIA AGE >17

417 SEPTICEMIA AGE 0-17

418 POSTOPERATIVE & POST-TRAUMATIC INFECTIONS

419 FEVER OF UNKNOWN ORIGIN AGE >17 WITH COMPLICATIONS, COMORBIDITIES

420 FEVER OF UNKNOWN ORIGIN AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES

421 VIRAL ILLNESS AGE >17

422 VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17

423 OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES

424 OPERATING ROOM PROCEDURE WITH PRINCIPAL DIAGNOSES OF MENTAL ILLNESS

425* ACUTE ADJUSTMENT REACTIONS & DISTURBANCES OF PSYCHOSOCIAL DYSFUNCTION
(prior to 10/01/99)

425* ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION (beginning 10/01/99)

426 DEPRESSIVE NEUROSES

427 NEUROSES EXCEPT DEPRESSIVE

428 DISORDERS OF PERSONALITY & IMPULSE CONTROL

429 ORGANIC DISTURBANCES & MENTAL RETARDATION

430 PSYCHOSES

431 CHILDHOOD MENTAL DISORDERS

432 OTHER MENTAL DISORDER DIAGNOSES

433 ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE

434* ALCOHOL/DRUG ABUSE OR DEPENDENCE, DETOXIFICATION OR OTHER SYMPTOM TREATMENT
WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-01; no "434" beginning
10-1-01 when DRGs 521-523 were added)

435* ALCOHOL/DRUG ABUSE OR DEPENDENCE, DETOXIFICATION OR OTHER SYMPTOM TREATMENT
WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-01; no "435"
beginning 10-1-01 when DRGs 521-523 were added)

436* ALCOHOL/DRUG DEPENDENCE WITH REHABILITATION THERAPY (prior to 10-1-01; no
"436" beginning 10-1-01 when DRGs 521-523 were added)

437* ALCOHOL/DRUG DEPENDENCE, COMBINED REHABILITATION & DETOXIFICATION THERAPY
(prior to 10-1-01; no "437" beginning 10-1-01 when DRGs 521-523 were
added)

439 SKIN GRAFTS FOR INJURIES

440 WOUND DEBRIDEMENTS FOR INJURIES

441 HAND PROCEDURES FOR INJURIES

442 OTHER OPERATING ROOM PROCEDURES FOR INJURIES WITH COMPLICATIONS,
COMORBIDITIES

443 OTHER OPERATING ROOM PROCEDURES FOR INJURIES WITHOUT COMPLICATIONS,
COMORBIDITIES

444 TRAUMATIC INJURY AGE >17 WITH COMPLICATIONS, COMORBIDITIES

445 TRAUMATIC INJURY AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES

446 TRAUMATIC INJURY AGE 0-17

447 ALLERGIC REACTIONS AGE >17

448 ALLERGIC REACTIONS AGE 0-17

449 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES

450 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES

451 POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17

452 COMPLICATIONS OF TREATMENT WITH COMPLICATIONS, COMORBIDITIES

453 COMPLICATIONS OF TREATMENT WITHOUT COMPLICATIONS, COMORBIDITIES

454 OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES WITH COMPLICATIONS,
COMORBIDITIES

Diagnosis Related Group (DRG)

455 OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES WITHOUT COMPLICATIONS,
COMORBIDITIES

456* BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY (prior to 10-1-98; no
"456" beginning 10-1-98 when DRGs 504-511 were added)

457* EXTENSIVE BURNS WITHOUT OPERATING ROOM PROCEDURE (prior to 10-1-98; no
"457" beginning 10-1-98 when DRGs 504-511 were added)

458* NON-EXTENSIVE BURNS WITH SKIN GRAFT (prior to 10-1-98; no
"458" beginning 10-1-98 when DRGs 504-511 were added)

459* NON-EXTENSIVE BURNS WITH WOUND DEBRIDEMENT OR OTHER OPERATING ROOM
PROCEDURE (prior to 10-1-98; no "459" beginning 10-1-98 when DRGs 504-511
were added)

460* NON-EXTENSIVE BURNS WITHOUT OPERATING ROOM PROCEDURE (prior to 10-1-98; no
"460" beginning 10-1-98 when DRGs 504-511 were added)

461 OPERATING ROOM PROCEDURE WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH
SERVICES

462 REHABILITATION

463 SIGNS & SYMPTOMS WITH COMPLICATIONS, COMORBIDITIES

464 SIGNS & SYMPTOMS WITHOUT COMPLICATIONS, COMORBIDITIES

465 AFTERCARE WITH HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS

466 AFTERCARE WITHOUT HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS

467 OTHER FACTORS INFLUENCING HEALTH STATUS

468 EXTENSIVE OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS

469 PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS

470 UNGROUPABLE

471 BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY

472* EXTENSIVE BURNS WITH OPERATING ROOM PROCEDURE (prior to 10-1-98; no "472"
beginning 10-1-98 when DRGs 504-511 were added)

473 ACUTE LEUKEMIA WITHOUT MAJOR OPERATING ROOM PROCEDURE AGE >17

475 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT

476 PROSTATIC OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS

477 NON-EXTENSIVE OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS

478 OTHER VASCULAR PROCEDURES WITH COMPLICATIONS, COMORBIDITIES

479 OTHER VASCULAR PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES

480* LIVER TRANSPLANT (prior to 10-1-04)

480* LIVER TRANSPLANT AND/OR INTENSTINAL TRANSPLANT (beginning 10-1-04)

481 BONE MARROW TRANSPLANT

482 TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES

483* TRACHEOSTOMY EXCEPT FOR FACE, MOUTH, & NECK DIAGNOSES (prior to 10-1-02)

483* TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS
EXCEPT FACE, MOUTH, & NECK (beginning 10-1-02, used to 10-1-04)

483* TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS
EXCEPT FACE, MOUTH, AND NECK DIAGNOSES (prior to 10-1-04; no "483"
beginning 10-1-04 when DRGs 541-542 were added)

484 CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA

485 LIMB REATTACHMENT, HIP AND FEMUR PROCEDURE FOR MULTIPLE SIGNIFICANT TRAUMA

486 OTHER OPERATING ROOM PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA

487 OTHER MULTIPLE SIGNIFICANT TRAUMA

488 HIV WITH EXTENSIVE OPERATING ROOM PROCEDURE

489 HIV WITH MAJOR RELATED CONDITION

490 HIV WITH OR WITHOUT OTHER RELATED CONDITION

491 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY

492* CHEMOTHERAPY W/ ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS (prior to 10-1-03)

492* CHEMOTHERAPY W/ ACUTE LEUKEMIA OR WITH USE OF HIGH-DOSE CHEMOTHERAPY AGENT
(beginning 10-1-03)

493 LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORATION WITH
COMPLICATIONS, COMORBIDITIES

494 LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORATION WITHOUT
COMPLICATIONS, COMORBIDITIES

495 LUNG TRANSPLANT

496* COMBINED ANTERIOR/POSTERIOR SPINAL FUSION (added 10-1-97)

497* SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITIES (between 10-1-97 and
10-1-01)

497* SPINAL FUSION EXCEPT CERVICAL WITH COMPLICATIONS AND COMORBIDITIES (added
10-1-01)

498* SPINAL FUSION WITHOUT COMPLICATIONS AND COMORBIDITIES (between 10-1-97 and
10-1-01)

498* SPINAL FUSION EXCEPT CERVICAL WITHOUT COMPLICATIONS AND COMORBIDITIES

Diagnosis Related Group (DRG)

- (added 10-1-01)
- 499* BACK & NECK PROCEDURES EXCEPT SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
 - 500* BACK & NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
 - 501* KNEE PROCEDURES W PDX OF INFECTION WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
 - 502* KNEE PROCEDURES W PDX OF INFECTION WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
 - 503* KNEE PROCEDURES WITHOUT PDX OF INFECTION (added 10-1-97)
 - 504* EXTENSIVE 3rd DEGREE BURNS WITH SKIN GRAFT (added 10-1-98, used to 10-1-04)
 - 504* EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECHANICAL VENTILATION 96+ HOURS WITH SKIN GRAFT (beginning 10-1-04)
 - 505* EXTENSIVE BURNS OR FULL THICKNESS BURNS WITHOUT SKIN GRAFT (added 10-1-98, used to 10-1-04)
 - 505* EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECHANICAL VENTILATION 96+ HOURS WITHOUT SKIN GRAFT (beginning 10-1-04)
 - 506* FULL THICKNESS BURN WITH SKIN GRAFT OR INHAL INJ WITH CC OR SIGNIFICANT TRAUMA (added 10-1-98)
 - 507* FULL THICKNESS BURN WITH SKIN GRAFT OR INHAL INJ WITHOUT CC OR SIGNIFICANT TRAUMA (added 10-1-98)
 - 508* FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHAL INJ WITH CC OR SIGNIFICANT TRAUMA (added 10-1-98)
 - 509* FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHAL INJ WITHOUT CC OR SIG TRAUMA (added 10-1-98)
 - 510* NON-EXTENSIVE BURNS WITH CC OR SIGNIFICANT TRAUMA (added 10-1-98)
 - 511* NON-EXTENSIVE BURNS WITHOUT CC OR SIGNIFICANT TRAUMA (added 10-1-98)
 - 512* SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT (added 10-1-01)
 - 513* PANCREAS TRANSPLANTS (added 10-1-01)
 - 514* CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION (added 10-1-01, replaced by DRG 535 and DRG 536 10-1-03)
 - 515* CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATHETERIZATION (added 10-1-01)
 - 516* PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH ACUTE MYOCARDIAL INFARCTION (added 10-1-01)
 - 517* PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT ACUTE MYOCARDIAL INFARCTION, WITH CORONARY ARTERY STENT IMPLANT (added 10-1-01)
 - 518* PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT ACUTE MYOCARDIAL INFARCTION, WITHOUT CORONARY ARTERY STENT IMPLANT (added 10-1-01)
 - 519* CERVICAL SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
 - 520* CERVICAL SPINAL FUSION WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
 - 521* ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
 - 522* ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
 - 523* ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
 - 524* TRANSIENT ISCHEMIA (added 10-1-02)
 - 525* HEART ASSIST SYSTEM IMPLANT (added 10-1-02, used to 10-1-04)
 - 525* OTHER HEART ASSIST SYSTEM IMPLANT (beginning 10-1-04)
 - 526* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUDING STENT WITH ACUTE MYOCARDIAL INFARCTION (added 04-1-03)
 - 527* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUDING STENT WITHOUT ACUTE MYOCARDIAL INFARCTION (added 04-1-03)
 - 528* INTRA CRANIAL VASCULAR PROCEDURE WITH PRINCIPAL DIAGNOSIS OF HEMORRHAGE (added 10-1-03)
 - 529* VENTRICULAR SHUNT PROCEDURES WITH CC (added 10-1-03)
 - 530* VENTRICULAR SHUNT PROCEDURES WITHOUT CC (added 10-1-03)
 - 531* SPINAL PROCEDURES WITH CC (added 10-1-03)
 - 532* SPINAL PROCEDURES WITHOUT CC (added 10-1-03)
 - 533* EXTRACRANIAL VASCULAR PROCEDURES WITH CC (added 10-1-03)
 - 534* EXTRACRANIAL VASCULAR PROCEDURES WITHOUT CC (added 10-1-03)
 - 535* CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH ACUTE MYOCARDIA INFARCTION (AMI), HEART FAILURE OR SHOCK (added 10-1-03)
 - 536* CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITHOUT ACUTE MYOCARDIA INFARCTION (AMI), HEART FAILURE OR SHOCK (added 10-1-03)

- 537* LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC (added 10-1-03)
- 538* LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC (added 10-1-03)
- 539* LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC (added 10-1-03)
- 540* LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC (added 10-1-03)
- 541* TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSES EXCEPT FACE, MOUTH AND NECK DIAGNOSES WITH MAJOR OPERATING ROOM PROCEDURE (added 10-1-04)
- 542* TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE, MOUTH AND NECK DIAGNOSES WITHOUT MAJOR OPERATING ROOM PROCEDURE (added 10-1-04)
- 543* CRANIOTOMY WITH IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS (added 10-1-04)

 *Change made in DRG classification. Hospitals provided the Office of Health Care Statistics (OHCS) with ICD-9-CM codes, rather than DRGs, so there was no need for the hospitals to be aware of DRG changes. The DRG was assigned by OHCS using 3M software (reference given on page 3) which classified the hospital discharge into a DRG based on the ICD-9-CM codes and other data such as age. OHCS accounted for DRG changes by using the DRG definitions which applied to the date of hospital discharge.

Major Diagnosis Category (MDC) *

- 0 = Ungroupable
- 1 = Nervous System
- 2 = Eye
- 3 = Ear, Nose, Mouth & Throat
- 4 = Respiratory System
- 5 = Circulatory System
- 6 = Digestive System
- 7 = Hepatobiliary System & Pancreas
- 8 = Musculoskeletal System & Connective Tissue
- 9 = Skin, Subcutaneous Tissue & Breast
- 10 = Endocrine, Nutritional & Metabolic System
- 11 = Kidney & Urinary Tract
- 12 = Male Reproductive System
- 13 = Female Reproductive System
- 14 = Pregnancy, Childbirth & the Puerperium
- 15 = Newborn & Other Neonates (Perinatal Period)
- 16 = Blood and Blood-Forming Disorders
- 17 = Myeloproliferative DDs (Diff Neoplasms)
- 18 = Infectious and Parasitic DDs
- 19 = Mental Diseases and Disorders
- 20 = Alcohol/Drug Use or Induced Mental Disorders
- 21 = Injuries, Poisoning and Toxic Effect of Drugs
- 22 = Burns
- 23 = Factors Influencing Health Status
- 24 = Multiple Significant Trauma
- 25 = Human Immunodeficiency Virus Infection

*Patients having heart, liver, lung, simultaneous pancreas/kidney, pancreas, or bone marrow transplants, or tracheostomies, traditionally categorized as PRE MDC (0), are assigned by the DRG Grouper into the following DRGs independent of the MDC of the principal diagnosis: 476, 477, 480-483, 495, 512, 513. DRGs (468,469,470) associated with all MDCs are assigned independent of the MDC of the principal diagnosis if the diagnosis is valid. Otherwise, this is the traditional Health Care Financing Administration (HCFA) MDC.

Total Charge (see charge note below)

Total dollars and cents amount charged for the discharge
(with 2 decimal digits).
. = Not reported

Facility Charge (see charge note below)

Sum of total dollars and cents amount charged from NUBC
revenue codes 10x-94x for the discharge (with 2 decimal
digits).
. = Not reported

Professional Charge (see charge note below)

Sum of total dollars and cents amount charged from NUBC
revenue codes 95x-98x for the discharge (with 2 decimal
digits).
. = Not reported

CHARGE NOTE: Total Charge is reported by hospitals. Facility
and professional charges are calculated from
individual revenue charges. Due to various
reasons, e.g. adjusting total charges without
making corresponding adjustment in specific
revenue charge, the sum of facility and
professional charges are not necessarily equal
to total charges.

Admitting Physician's Specialty

A = Allergy
ABS = Abdominal surgery
ACD = Alcohol, chemical dependency
ADL = Adolescent medicine
ADM = Administrative medicine
AI = Allergy & immunology
AM = Aerospace medicine
AN = Anesthesiology
BLB = Blood bank pathology
CCM = Critical care medicine
CD = Cardiovascular diseases
CDS = Cardiovascular surgery
CHP = Child psychiatry
CLP = Clinical pathology
CMP = Chemical pathology
CNA = Cert. Registered nurse anesthetist
CNM = Certified nurse midwife
CPS/CSW = Clinical psychologist/clinical social worker
CPS = Clinical psychologist
CRS = Colon & rectal surgery
CSW = Clinical social worker

Admitting Physician's Specialty

D = Dermatology
DDS = Dentist
DIA = Diabetes
DLI = Diagnostic lab immunology
DMP = Dermatopathology
DPM = Podiatrist
DO = Doctor of osteopathy
DR = Diagnostic radiology
EM = Emergency
END = Endocrinology
ENT = Otorhinolaryngology
F = Fellow
FNP = Family nurse practitioner
FOP = Forensic pathology
FP = Family practice
FP / P = Family practice/Psychiatry
FP/GS = Family practice/General surgery
FP/DDS = Family practice/Dentist
FPS = Facial plastic surgery
G = General
GE = Gastroenterology
GER = Geriatrics
GO = Gynecology/oncology
GP = General practice
GPM = General preventive medicine
GS = General surgery
GYN = Gynecology
HEM = Hematology
HMO = Hematology/oncology
HEM/OMC = Hematology/oncology
HS = Hand surgery
HNS = Head & neck surgery
HYP = Hypnosis
ID = Infectious diseases
IM = Internal medicine
IMU = Immunology
IP = Immunopathology
LM = Legal medicine
MFM = Maternal/fetal medicine
MFS = Maxillofacial surgery
MM = Medical microbiology
N = Neurology
NBI = Pediatrics
NEO = Neonatology
NEP = Nephrology
NM = Nuclear medicine
NNP = Neonatal nurse prac.
NP = Neuropathology
NPM = Neonatal/perinatal medicine
NR = Neuroradiology
NS = Neurological surgery
NTR = Nutrition
OBG = Obstetrics & gynecology
OBS = Obstetrics
OM = Occupational medicine

Admitting Physician's Specialty - continued

OMS = Oral & maxillofacial surgery
OMC = Oncology
ONS = Oncology surgery
ONC = Oncology
OPH = Ophthalmology
ORS = Orthopedic surgery
OT = Otology
OTO = Otorhinolaryngology
P = Psychiatry
PA = Clinical pharmacology
PAC = Certified physician asst
PAN = Pediatric abuse & neglect
PD = Pediatrics
PDA = Pediatric allergy
PDC = Pediatric cardiology
PDE = Pediatric endocrinology
PDG = Pediatric gastroenterology
PDI = Pediatric immunology
PDN = Pediatric neurology
PD/NEO = Pediatric neonatology
PDP = Pediatric pulmonology
PDR = Pediatric radiology
PDS = Pediatric surgery
PDU = Pediatric urology
PDY = Pediatric respiratory
PER = Perinatology
PEM = Pediatric emergency medicine
PH = Public health
PHO = Pediatric/Hematology/oncology
PM = Physical medicine & rehabilitation
PNP = Pediatric nephrology
POD = Podiatrist
PRO = Proctologist
PS = Plastic surgery
PSF = Facial plastic surgery
PUD = Pulmonary disease
PTH = Pathology
PV = Peripheral Vascular
PYA = Psychoanalysis
R = Radiology
RD = Respiratory disease
RDT = Radiation Therapy
REN = Reproductive endocrinology
RES = Resident
RES/CSW = Resident/clinic social worker
RET = Retired
RHU = Rheumatology
RIP = Radiosotopic pathology
RSH = Research
RON = Radiation oncology
SH = Student health
SM = Sports medicine
SGO = Surgery, other (list specialty)
SGO/N = Surgery, other (neurology)
SGO/01 = Surgery, other (neurosurgeon)

TR = Therapeutic radiology
TS = Thoracic surgery
U = Urology
US = Urological surgery
VS = Vascular surgery
UNK = Unknown
MD = Encrypted (confidential data)
Blank = Not reported

Attending Physician's Specialty

Descriptions are the same as admitting physician's specialty.

Other Consulting Physician's Specialty

Descriptions are the same as admitting physician's specialty.

Surgeon's Specialty

Descriptions are the same as admitting physician's specialty.

Primary Payer Category

01 = Medicare
02 = Medicaid
03 = Other government
04 = Blue Cross/Blue Shield
05 = Other commercial
06 = Managed care
07 = Self pay
08 = Industrial and worker's compensation
09 = Charity/Unclassified
10 = Unknown
13 = CHIP (Children's Health Insurance Plan)
99 = Not reported

Secondary Payer Category and Tertiary Payer Category

Descriptions are the same as first payer category.

Patient's Relationship to the First Insured Person

1 = Patient is the named insured
2 = Spouse
3 = Natural Child/insured financial responsibility
4 = Natural Child/insured does not have financial responsibility

- 5 = Step Child
- 6 = Foster Child
- 7 = Ward of the Court (Patient is ward of the insured as a result of a court order.)
- 8 = Employee (The patient is employed by the named insured)
- 9 = Unknown
- 10 = Handicapped Dependent (Dependent child whose coverage extends beyond normal termination age limits as a result of laws or agreements extending coverage.)
- 11 = Organ Donor (Code is used in cases where bill is submitted for care given to organ donor where such care is paid by the receiving patient's insurance coverage.)
- 12 = Cadaver Donor (Code is used where bill is submitted for procedures performed on cadaver donor where such procedures are paid by the receiving patient's insurance coverage.)
- 13 = Grandchild
- 14 = Niece or Nephew
- 15 = Injured Plaintiff (Patient is claiming insurance as a result of injury covered by insured.)
- 16 = Sponsored Dependent (Individual not normally covered by insurance coverage but coverage has been specially arranged to include relationships such as grandparent or former spouse that would require further investigation by the payer.)
- 17 = Minor Dependent of a Minor Dependent (Code is used where patient is a minor and a dependent of another minor who in turn is a dependent, although not a child, of the insured.)
- 18 = Parent
- 19 = Grandparent
- 20 = Life Partner
- blank = Not reported

Record ID Number

A unique number for each discharge, which is also unique across all years that inpatient discharge data are available.

Outlier, Facility Charge

- 0 = No
- 1 = Yes

NOTE: A charge is an outlier if it is above 2.5 standard deviations from the mean of facility charges. Means and standard deviations are APR-DRG specific and calculated at the state level for a calendar year.

Outlier, Length of Stay

- 0 = No
- 1 = Yes

NOTE: A length of stay is an outlier if it is above 2.5 standard deviations from the mean of length of stay. Means and standard deviations are APR-DRG specific and calculated at the state level for a calendar year.

Patient Severity Subclass Value

- 0 = No value assigned (record is ungroupable into a APR-DRG)
- 1 = Minor complication or co-morbidity
- 2 = Moderate complication or co-morbidity
- 3 = Major complication or co-morbidity
- 4 = Extreme complication or co-morbidity

Note: Patient severity subclass value should be used as a subcategory of the APR-DRG.

Patient Risk of Mortality Value

- 0 = No value assigned (record is ungroupable into a APR-DRG)
- 1 = Minor risk of mortality
- 2 = Moderate risk of mortality
- 3 = Major risk of mortality
- 4 = Extreme risk of mortality

Note: Patient risk of mortality value should be used as a subcategory of the APR-DRG.

Discharge Quarter

- 1 = First Quarter (January 1 to March 31)
- 2 = Second Quarter (April 1 to June 30)
- 3 = Third Quarter (July 1 to September 30)
- 4 = Fourth Quarter (October 1 to December 31)

E-code

Supplementary classification of External Causes of Injury and Poisoning. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM E-code but has been stripped out of data).

Blank = Not reported

The ICD-9-CM E-codes can be looked up on the internet at Yaki Technologies' website "www.eicd.com/eicdmain.htm".

Secondary E-codes can be found in data file in the Secondary Diagnosis Code fields.

APR-DRG

The original Health Care Financing Administration Diagnosis Related Groups (HCFA-DRG, or just DRG) (page 18) was developed to relate types of patients treated to the resources they consumed (resource intensity). Whereas the HCFA-DRG was developed to classify Medicare beneficiaries, the All Patient Refined Diagnosis Related Groups (APR-DRG) is expanded to be more representative of diverse patient populations, such as pediatric patients. Also, the APR-DRG system provides for subclassifications, such as severity of illness and risk of mortality. The severity of illness subclassification is provided in the data file ("patient severity subclass value" on page 36). [source: *All Patient Refined Diagnosis Related Groups (APR-DRGs) Definition Manual*, version 12.0, Wallingford, CT, 3M Health Care, 1995, p. 1.]

Whereas the HCFA-DRG only changed slightly across the years, there are large differences between versions 12.0 and 15.0 of the APR-DRG. Version 12.0 became effective on 05/01/95, and it was applied retrospectively to earlier data as well. Version 15.0 became effective 04/01/98.

For the 1999 data and beyond, then, only version 15.0 of the APR-DRG was used. For 1998 data, both version 12.0 and 15.0 were used (v12.0 for first quarter 1998 and v15.0 for second through fourth quarters 1998). For 1992 through 1997, only version 12.0 was used. Information for mapping version 12.0 to version 15.0 APR-DRG codes is available upon request.

As with the HCFA-DRG, the APR-DRG was assigned by the Office of Health Care Statistics using the 3M software, based on ICD-9-CM codes and other variables, such as age, provided by the hospitals.

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

001 Liver transplant
002 Heart &/or lung transplant
003 Bone marrow transplant
004 Tracheostomy except for face,mouth & neck diagnoses
005 Tracheostomy for face,mouth & neck diagnoses
020 Craniotomy for trauma
021 Craniotomy except for trauma
022 Ventricular shunt procedures
023 Spinal procedures
024 Extracranial vascular procedures
025 Nervous system proc for peripheral nerve disorders
026 Nervous syst proc for cranial nerv & oth nerv sys disord
040 Spinal disorders & injuries
041 Nervous system neoplasms
042 Degenerative nervous system disorders
043 Multiple sclerosis & cerebellar ataxia
044 Intracranial hemorrhage
045 Cva w infarct
046 Nonspecific cva & precerebral occlusion w/o infarct
047 Transient ischemia
048 Cranial & peripheral nerve disorders
049 Bacterial & tuberculous infections of nervous system
050 Non-bacterial infections of nervous system exc viral meningitis
051 Viral meningitis
052 Nontraumatic stupor & coma
053 Seizure
054 Migraine & other headaches
055 Head trauma w coma >1 hr or hemorrhage
056 Skull fracture & spec intracranial injury, coma <1 hr or no coma
057 Concussion,unspec intracranial injury, coma <1 hr or no coma
058 Other disorders of nervous system
070 Orbital procedures
071 Intraocular procedures except lens
072 Extraocular procedures except orbit
073 Lens procedures w or w/o vitrectomy
080 Acute major eye infections
081 Neurological eye disorders
082 Other disorders of the eye
090 Major larynx & tracheal procedures except tracheostomy
091 Other major head & neck procedures
092 Facial bone procedures except major head & neck
093 Sinus & mastoid procedures
094 Mouth procedures
095 Cleft lip & palate repair
096 Sialoadenectomy & salivary gland procedures
097 Tonsillectomy & adenoidectomy procedures
098 Other ear, nose, mouth & throat procedures

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

110 Ear, nose, mouth & throat malignancy
111 Dysequilibrium
112 Epistaxis
113 Epiglottitis, otitis media, URI & laryngotracheitis
114 Dental & oral disease
115 Other ear, nose, mouth & throat diagnoses
120 Major respiratory procedures
121 Non-major respiratory procedures
122 Other respiratory system procedures
130 Respiratory system diagnosis w ventilator support 96+ hours
131 Cystic fibrosis
132 Bpd & oth chronic respiratory dis arising in perinatal period
133 Pulmonary edema & respiratory failure
134 Pulmonary embolism
135 Major chest trauma
136 Respiratory malignancy
137 Respiratory infections & inflammations
138 Rsv pneumonia & whooping cough
139 Simple pneumonia
140 Chronic obstructive pulmonary disease
141 Asthma & bronchiolitis
142 Interstitial lung disease
143 Pneumothorax & pleural effusion
144 Respiratory system signs, symptoms & other diagnoses
160 Major cardiothoracic repair of heart anomaly
161 Cardiac defibrillator implant
162 Cardiac valve procedures w cardiac catheterization
163 Cardiac valve procedures w/o cardiac catheterization
164 Coronary bypass w malfunctioning coronary bypass graft
165 Coronary bypass w/o malfunctioning coronary bypass w cardiac cath
166 Coronary bypass w/o malfunctioning coronary bypass w/o cardiac cath
167 Other cardiothoracic procedures
168 Major thoracic vascular procedures
169 Major abdominal vascular procedures
170 Permanent cardiac pacemaker implant w AMI, heart failure or shock
171 Perm cardiac pacemaker implant w/o AMI, heart failure or shock
172 Amputation for circ system disorder except upper limb & toe
173 Other vascular procedures
174 Percutaneous cardiovascular procedures w AMI
175 Percutaneous cardiovascular procedures w/o AMI
176 Cardiac pacemaker & defibrillator device replacement
177 Cardiac pacemaker & defibrillator revision except device replacement
178 Upper limb & toe amputation for circ system disorders
179 Vein ligation & stripping
180 Other circulatory system procedures
190 Circulatory disorders w AMI
191 Cardiac catheterization w circ disord exc ischemic heart disease
192 Cardiac catheterization for ischemic heart disease

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

- 193 Acute & subacute endocarditis
- 194 Heart failure
- 195 Deep vein thrombophlebitis
- 196 Cardiac arrest, unexplained
- 197 Peripheral & other vascular disorders
- 198 Atherosclerosis
- 199 Hypertension
- 200 Cardiac congenital & valvular disorders
- 201 Cardiac arrhythmia & conduction disorders
- 202 Angina pectoris
- 203 Chest pain
- 204 Syncope & collapse
- 205 Cardiomyopathy
- 206 Malfunction, reaction & comp of cardiac or vasc device or proc
- 207 Other circulatory system diagnoses
- 220 Major stomach, esophageal & duodenal procedures
- 221 Major small & large bowel procedures
- 222 Minor stomach, esophageal & duodenal procedures
- 223 Minor small & large bowel procedures
- 224 Peritoneal adhesiolysis
- 225 Appendectomy
- 226 Anal & stomal procedures
- 227 Hernia procedures except inguinal & femoral
- 228 Inguinal & femoral hernia procedures
- 229 Other digestive system procedures
- 240 Digestive malignancy
- 241 Peptic ulcer & gastritis
- 242 Major esophageal disorders
- 243 Other esophageal disorders
- 244 Diverticulitis & diverticulosis
- 245 Inflammatory bowel disease
- 246 G.I. vascular insufficiency
- 247 G.I. obstruction
- 248 Major G.I. bacterial infections
- 249 Nonbacterial gastroenteritis & abdominal pain
- 250 Other digestive system diagnoses
- 260 Pancreas, liver & shunt procedures
- 261 Major biliary tract procedures
- 262 Cholecystectomy except laparoscopic
- 263 Laparoscopic cholecystectomy
- 264 Other hepatobiliary & pancreas procedures
- 280 Cirrhosis & alcoholic hepatitis
- 281 Malignancy of hepatobiliary system & pancreas
- 282 Disorders of pancreas except malignancy
- 283 Disorders of liver except malig, cirrhosis or alcoholic hepatitis
- 284 Disorders of the biliary tract
- 300 Bilateral & multiple major joint procs of lower extremity
- 301 Major joint & limb reattach proc of lower extremity for trauma

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

302 Major joint & limb reattach proc of lower extreme exc for trauma
303 Dorsal & lumbar fusion proc for curvature of back
304 Dorsal & lumbar fusion proc except for curvature of back
305 Amputation for musculoskeletal system & conn tissue disorders
306 Major joint & limb reattachment procedures of upper extremity
307 Cranial & facial bone reconstructive procedures
308 Hip & femur procedures except major joint for trauma
309 Hip & femur procedures except major joint for nontrauma
310 Back & neck procedures except dorsal & lumbar fusion
311 Skin graft & wnd debrid for open wnd,ms & conn tiss dis,exc hand
312 Skin grft & wnd debrid exc opn wnd,for ms & conn tis dis,exc hand
313 Knee & lower leg procedures except foot
314 Foot procedures
315 Shoulder, elbow & forearm procedures
316 Hand & wrist procedures
317 Soft tissue procedures
318 Removal of internal fixation device
319 Local excision of musculoskeletal system
320 Other musculoskeletal system & connective tissue procedures
340 Fractures of femur
341 Fracture of pelvis or dislocation of hip
342 Fracture or dislocation except femur & pelvis
343 Musculoskeletal & conn tiss malignancy & pathological fractures
344 Osteomyelitis
345 Septic arthritis
346 Connective tissue disorders
347 Medical back problems
348 Other bone diseases
349 Malfunction, reaction & comp of orthopedic device or procedure
350 Musculoskeletal signs,symptoms,sprains & minor inflammatory dis
351 Other musculoskeletal system & connective tissue diagnoses
360 Skin graft & wound debrid for skin ulcer & cellulitis
361 Skin graft & wound debrid exc for skin ulcer & cellulitis
362 Mastectomy procedures
363 Breast procedures except mastectomy
364 Other skin, subcutaneous tissue & breast procedures
380 Skin ulcers
381 Major skin disorders
382 Malignant breast disorders
383 Cellulitis
384 Trauma to the skin, subcutaneous tissue & breast
385 Other skin & breast disorders
400 Amputat of lower limb for endocrine, nutrit & metabolic disorders
401 Adrenal & pituitary procedures
402 Skin graft & wound debrid for endoc,nutrit & metab disorders
403 Procedures for obesity
404 Thyroid, parathyroid & thyroglossal procedures
405 Other endocrine, nutrititional & metabolic procedures

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

420 Diabetes
421 Nutritional & misc metabolic disorders
422 Hypovolemia & electrolyte disorders
423 Inborn errors of metabolism
424 Other endocrine disorders
440 Kidney transplant
441 Major bladder procedures
442 Kidney & urinary tract procedures for malignancy
443 Kidney & urinary tract procedures for nonmalignancy
444 Create, revise, remove renal access device
445 Minor bladder procedures
446 Urethral & transurethral procedures
447 Other kidney & urinary tract procedures
460 Renal failure
461 Kidney & urinary tract malignancy
462 Nephritis
463 Kidney & urinary tract infections
464 Urinary stones w esw lithotripsy
465 Urinary stones w/o esw lithotripsy
466 Malfunctions, reactions & comp of gu device, graft or transplant
467 Kidney & urinary tract signs & symptoms
468 Other kidney & urinary tract diagnoses
480 Major male pelvic procedures
481 Penis procedures
482 Transurethral prostatectomy
483 Testes procedures
484 Other male reproductive system procedures
500 Malignancy, male reproductive system
501 Male reproductive system diagnoses except malignancy
510 Pelvic evisceration, radical hysterectomy & radical vulvectomy
511 Uterine & adnexa procedures for ovarian & adnexal malignancy
512 Uterine & adnexa procedures for non-ovarian & non-adnexal malignancy
513 Uterine & adnexa procedures for ca in situ & nonmalignancy
514 Female reproductive system reconstructive procedures
515 Vagina, cervix & vulva procedures
516 Laparoscopy & tubal interruption
517 D&C & conization
518 Other female reproductive system procedures
530 Female reproductive system malignancy
531 Female reproductive system infections
532 Menstrual & other female reproductive system disorders
540 Cesarean delivery
541 Vaginal delivery w sterilization &/or D&C
542 Vaginal delivery w proc except sterilization &/or D&C
543 Postpartum & post abortion diagnoses w procedure
544 Abortion w D&C, aspiration curettage or hysterotomy
560 Vaginal delivery
561 Postpartum & post abortion diagnoses w/o procedure

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

562 Ectopic pregnancy
563 Threatened abortion
564 Abortion w/o D&C, aspiration curettage or hysterotomy
565 False labor
566 Other antepartum diagnoses
580 Neonate, transferred <5 days old, not born here
581 Neonate, transferred <5 days old, born here
582 Neonate, w organ transplant
583 Neonate, w ecmo
590 Neonate, birthwt <750g w major procedure
591 Neonate, birthwt <750g w/o major procedure
592 Neonate, birthwt 750g-999g w major procedure
593 Neonate, birthwt 750g-999g w/o major procedure
600 Neonate, birthwt 1000-1499g w major procedure
601 Neonate, birthwt 1000-1499g w major anom or hereditary condition
602 Neonate, birthwt 1000-1499g w respiratory distress syndrome
603 Other neonate, birthwt 1000-1499g
610 Neonate, birthwt 1500-2000g w major procedure
611 Neonate, birthwt 1500-2000g w major anom or hereditary condition
612 Neonate, birthwt 1500-2000g w respiratory distress syndrome
613 Neonate, birthwt 1500-2000g w congenital or perinatal infections
614 Other neonate, birthwt 1500-2000g
620 Neonate, birthwt 2000-2499g w major procedure
621 Neonate, birthwt 2000-2499g w major anom or hereditary condition
622 Neonate, birthwt 2000-2499g w respiratory distress syndrome
623 Neonate, birthwt 2000-2499g w congenital or perinatal infections
624 Neonate,bwt 2000-2499g not born here
625 Neonate, birthwt 2000-2499g, born here, w other signif condtn
626 Neonate, bwt 2000-2499g,born here, normal NB & NB w other prob
630 Neonate, birthwt >2499g w major cardiovasc procedure
631 Neonate, birthwt >2499g w other major procedure
632 Neonate, birthwt >2499g w other procedure
633 Neonate, birthwt >2499g w major anomaly or hereditary condition
634 Neonate, birthwt >2499g w respiratory distress syndrome
635 Neonate, birthwt >2499g w aspiration syndrome
636 Neonate, birthwt >2499g w congenital/perinatal infections
637 Neonate,bwt >2499g not born here, pdx other signif condition
638 Neonate, birthwt >2499g, not born here, pdx other problem
639 Neonate, birthwt >2499g, born here, w other signif condition
640 Neonate,bwt >2499g,born here, normal NB & NB w other prob
650 Splenectomy
651 Other procedures of blood & blood forming organs
660 Agranulocytosis & other neutropenia
661 Coagulation disorders
662 Sickle cell anemia crisis
663 Red blood cell disorders except sickle cell anemia crisis
664 Other disorders of blood & blood forming organs
680 Lymphoma & leukemia w major procedure

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

681 Lymphoma & leukemia w any other procedure
682 Myeloprolif disorder & poorly diff neopl w major procedure
683 Myeloprolif disorder & poorly diff neopl w any other procedure
690 Acute leukemia
691 Lymphoma & non-acute leukemia
692 Radiotherapy
693 Chemotherapy
694 Other myeloprolif disorders & poorly diff neoplasm diagnosis
710 Procedures for infectious & parasitic diseases
711 Procedures for postoperative & post traumatic infections
720 Septicemia
721 Postoperative & post-traumatic infections
722 Fever of unknown origin
723 Viral illness
724 Other infectious & parasitic diseases
740 Procedure w principal diagnoses of mental illness
750 Schizophrenia
751 Psychoses
752 Disorders of personality & impulse control
753 Bipolar disorders
754 Depression
755 Neuroses except depressive
756 Acute adjust react & disturbance of psychosocial dysfunction
757 Organic disturbances & mental retardation
758 Childhood mental disorders
759 Compulsive nutrition disorders
760 Other mental disorders
770 Drug & alcohol abuse or dependence, left against medical advice
771 Alcohol & drug dependence w combined rehab & detox therapy
772 Alcohol & drug dependence w rehabilitation therapy
773 Opioid abuse & dependence
774 Cocaine abuse & dependence
775 Alcohol abuse & dependence
776 Other drug abuse & dependence
790 Skin graft & wound debridement for injuries
791 Procedures for complications of treatment
792 Other procedures for injuries
810 Injuries to unspecified or multiple sites
811 Allergic reactions
812 Poisoning & toxic effects of drugs
813 Complications of treatment
814 Child or adult maltreatment syndrome
815 Other injury, poisoning & toxic effect diagnoses
830 Burns, transferred to another acute care facility
831 Extensive burns w procedure
832 Nonextensive burns w skin graft
833 Nonextensive burns w wound debridement & other procedures
840 Burns w/o procedure

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

850 Procedure w diagnoses of other contact w health services
860 Rehabilitation
861 Signs & symptoms
862 Other factors influencing health status
870 Tracheostomy for hiv infections
871 Hiv w proc w multiple major hiv related infections
872 Hiv w procedure w major hiv related diagnosis
873 Hiv w procedure w/o major hiv related diagnosis
890 Hiv w multiple major hiv related infections
891 Hiv w maj hiv rel diag w mult maj or signif hiv rel diag
892 Hiv w maj hiv rel diag w/o mult maj or signif hiv rel diag
893 Hiv w significant hiv related diagnosis
894 Hiv w/o major or significant hiv related diagnosis
910 Craniotomy,spine,hip & major limb proc for multiple sig trauma
911 Other procedures for multiple significant trauma
930 Head, chest & lower limb diagnoses of multiple significant trauma
931 Other diagnoses of multiple significant trauma
950 Extensive procedure unrelated to principal diagnosis
951 Prostatic procedure unrelated to principal diagnosis
952 Nonextensive procedure unrelated to principal diagnosis
955 Principal diagnosis invalid as discharge diagnosis
956 Ungroupable

APPENDIX A

CASE-MIX INDEX

CASE-MIX INDEX

The case-mix indices were derived as follows:

1. Calculate relative weight for each APR-DRG i :

$$W_i = \frac{C_i}{C_s}$$

where

- i = APR-DRG i
- s = State level
- W_i = Relative weight for APR-DRG i
- C_i = Average charge for APR-DRG i
- C_s = Average charge for all patients

2. Calculate case-mix index for hospital j :

$$I_j = \frac{\sum_{i=1}^{1315} W_i N_{ij}}{N_j}$$

where:

- j = Hospital j
- I_j = Case-mix index for hospital j
- N_{ij} = Number of discharges for APR-DRG i and hospital j
- N_j = Total discharges for hospital j

In the calculation of the case-mix index, the following were excluded: outliers and discharges from specialty hospitals (psychiatric and substance abuse hospitals, rehabilitation hospitals, and surgical centers) as well as the VA hospital. That is, the case-mix index was calculated for all acute care hospitals except the VA hospital.

Case-mix Indices are not among the data elements in the public-use data file but are available upon request.

APPENDIX B

APR-DRG RESOURCE

INTENSITY INDEX

APR-DRG RESOURCE INTENSITY INDEX

Hospital- and DRG-specific resource intensity indices were calculated as a measure of the overall complexity of a hospital's patient mix at the DRG level. The indices were calculated as follows:

$$W_{ik} = \frac{C_{ik}}{C_i}$$

$$S_{ij} = \frac{\sum_{k=0}^4 N_{ijk} W_{ik}}{N_{ij}}$$

Where

W_{ik} = Charge-weight for severity level k of consolidated DRG i

C_{ik} = Average charges for consolidated DRG i , severity level k , all hospitals

C_i = Average charges for consolidated DRG i , all hospitals

S_{ij} = Severity index for consolidated DRG i and hospital j

N_{ijk} = Number of discharges for consolidated DRG i , hospital j , and severity level k

N_{ij} = Number of discharges for consolidated DRG i , hospital j

The severity score, k , is assigned by the 3M PC-Grouper software as part of the APR-DRG categorization. The severity score ranges from 1 (no CC or minor CC), to 4 (extreme CC). A consolidated DRG may be the same as a single DRG or a combination of DRGs. For example, DRG 002 (Craniotomy for trauma age >17) and DRG 003 (Craniotomy for trauma age 0-17) are combined into a consolidated DRG 002 (Craniotomy for trauma). The consolidated DRG, broken down into the four severity levels, comprise the APR-DRG.

A hospital APR-DRG resource intensity index of greater than 1 for a DRG means that the hospital had greater proportion of patients that required high resource use than patients that required less. Analyses not shown here reveal that total charges are not necessarily positively correlated with severity score within a DRG (e.g., for some DRGs, patients with severity score "2" had higher average charges than those with severity score "3"), nor is the relationship monotone (e.g., for some DRGs level '2' patients have lower average charges than both level '1' and level '3' patients). Therefore, a high index does not necessarily reflect relatively high proportion of "sicker" patients, only relatively high proportion of "high resource-use" patients. In most cases, both interpretations apply.

For DRGs (newborns and neonates) for which no severity score is assigned ($k=0$), the severity index is equal to 1.

APR-DRG Resource Intensity Indices are not among the data elements in the public-use data file but available upon request.

APPENDIX C

UTAH

HOSPITAL PROFILE

HOSPITAL CHARACTERISTICS: 2004

ID ¹	HOSPITAL NAME	OWN ²	AFFILIATION	TYPE ³	COUNTY	CITY	U/R ⁴	TEACH ⁵	BEDS
111	Allen Memorial Hospital	G	Rural Hlth Mgmt	Acute	Grand	Moab	R	N	25
118	Alta View Hospital	N	IHC, Inc.	Acute	Salt Lake	Sandy	U	N	80
136	American Fork Hospital	N	IHC, Inc.	Acute	Utah	American Fork	U	N	76
134	Ashley Valley Medical Center	I	LifePoint Hospitals,	Acute	Uintah	Vernal	R	N	39
104	Bear River Valley Hospital	N	IHC, Inc.	Acute	Box Elder	Tremonton	R	N	14
101	Beaver Valley Hospital	G	Freestanding	Acute	Beaver	Beaver	R	N	49
201	Benchmark Behavioral Hlth Systems North	I	Ramsay Hlth Care	SP/Psych	Davis	Woods Cross	U	N	77
207	Benchmark South Regional Hosp (closed) ⁶	I	Ramsay Hlth Care	SP/Psych	Salt Lake	Midvale	U	N	80
103	Brigham City Community Hospital	I	MountainStar	Acute	Box Elder	Brigham City	R	N	49
145	Cache Valley Specialty Hospital	I	National Surg	SP/Surg	Cache	North Logan	R	N	22
106	Castleview Hospital	I	LifePoint Hospitals,	Acute	Carbon	Price	R	N	84
113	Central Valley Medical Center	N	Rural Hlth Mgmt	Acute	Juab	Nephi	R	N	19
202	Charter Summit Hospital (closed) ⁶	I	Charter	SP/Psych	Salt Lake	Salt Lake City	U	N	80
204	Copper Hills Youth Center (Rivendale) ⁶	I	Child. Comp. Serv.	SP/ Psych	Salt Lake	West Jordan	U	N	94
119	Cottonwood Hospital Medical Center	N	IHC, Inc.	Acute	Salt Lake	Murray	U	N	213
108	Davis Hospital and Medical Center	I	Iasis Health Care	Acute	Davis	Layton	U	N	136
116	Delta Community Medical Center	N	IHC, Inc.	Acute	Millard	Delta	R	N	20
140	Dixie Regional Medical Center	N	IHC, Inc.	Acute	Washington	St. George	R	N	132
115	Fillmore Community Medical Center	N	IHC, Inc	Acute	Millard	Fillmore	R	N	20

ID¹	HOSPITAL NAME	OWN²	AFFILIATION	TYPE³	COUNTY	City	U/R⁴	TEACH⁵	BEDS
110	Garfield Memorial Hospital	N	IHC, Inc.	Acute	Garfield	Panguitch	R	N	44
129	Gunnison Valley Hospital	G	Rural Hlth Mgmt	Acute	Sanpete	Gunnison	R	N	26
306	Healthsouth Rehab. of Utah	I	HealthSouth	SP/Rehab	Salt Lake	Sandy	U	Y	84
139	Heber Valley Medical Center ⁶	N	IHC, Inc.	Acute	Wasatch	Heber	R	N	19
302	Highland Ridge Hospital	I	Am Intl Hlth Sys	SP/Psych	Salt Lake	Salt Lake City	U	N	41
304	Infinia Medical Center (closed) ⁶	I	Infinia Hlth	SP/Surg	Salt Lake	Salt Lake City	U	Y	12
117	Jordan Valley Hospital	I	Iasis Health Care	Acute	Salt Lake	West Jordan	U	N	92
114	Kane County Hospital	G	Freestanding	Acute	Kane	Kanab	R	N	38
107	Lakeview Hospital	I	MountainStar	Acute	Davis	Bountiful	U	N	128
121	LDS Hospital	N	IHC, Inc.	Acute	Salt Lake	Salt Lake City	U	Y	520
105	Logan Regional Hospital	N	IHC, Inc.	Acute	Cache	Logan	R	N	147
141	McKay-Dee Hospital	N	IHC, Inc.	Acute	Weber	Ogden	U	Y	277
102	Milford Valley Memorial Hospital	G	Rural Hlth Mgmt	Acute	Beaver	Milford	R	N	25
127	Monument Valley Adventist Hosp (closed) ⁶	N	Seventh Day	Acute	San Juan	Monument Valley	R	N	20
137	Mountain View Hospital	I	MountainStar	Acute	Utah	Payson	U	N	116
133	Mountain West Medical Center ⁶	G	Comm. Health Syst.	Acute	Tooele	Tooele	R	N	35
142	Ogden Regional Medical Center	I	MountainStar	Acute	Weber	Ogden	U	N	227
135	Orem Community Hospital	N	IHC, Inc.	Acute	Utah	Orem	U	N	20
126	Pioneer Valley Hospital	I	Iasis Health Care	Acute	Salt Lake	West Valley	U	Y	139
122	Primary Children's Medical Center	N	IHC, Inc.	Acute	Salt Lake	Salt Lake City	U	N	233
308	Promise Specialty Hospital of Salt Lake	I	Camelot Health Care	SP/LTCare	Salt Lake	West Valley City	U	N	54
143	Rocky Mountain Medical Center (closed) ⁶	I	Iasis Health Care	Acute	Salt Lake	Salt Lake City	U	N	125
120	Salt Lake Regional Medical Center	I	Iasis Health Care	Acute	Salt Lake	Salt Lake City	U	Y	200

ID¹	HOSPITAL NAME	OWN²	AFFILIATION	TYPE³	COUNTY	CITY	U/R⁴	TEACH⁵	BEDS
128	San Juan Hospital	G	Managed	Acute	San Juan	Monticello	R	N	33
130	Sanpete Valley Hospital	N	IHC, Inc.	Acute	Sanpete	Mt. Pleasant	R	N	18
132	Sevier Valley Hospital	N	IHC, Inc.	Acute	Sevier	Richfield	R	N	42
203	Silverado Senior Living ⁶	I	Silverado	SP/Psych	Salt Lake	Salt Lake City	U	N	136
301	South Davis Community Hospital	G	Freestanding	SP/LTCare	Davis	Bountiful	U	N	39
124	St. Mark's Hospital	I	MountainStar	Acute	Salt Lake	Salt Lake City	U	Y	294
307	The Orthopedic Specialty Hospital (TOSH)	I	Freestanding	SP/Surg	Salt Lake	Salt Lake City	U	N	14
144	Timpanogos Regional Hospital	I	MountainStar	Acute	Utah	Orem	U	N	47
109	Uintah Basin Medical Center	G	Freestanding	Acute	Duchesne	Roosevelt	R	N	42
125	University of Utah Hospital	G	University HealthCare	Acute	Salt Lake	Salt Lake	U	Y	443
310	University of Utah Huntsman Cancer	G	University HealthCare	SP/ Surg	Salt Lake	Salt Lake	U	Y	
309	University of Utah Orthopaedic Center	G	University HealthCare	SP/ Care	Salt Lake	Salt Lake	U	Y	
206	University of Utah Neuropsychiatric Institute	G	University HealthCare	Acute	Salt Lake	Salt Lake	U	Y	90
209	Utah State Hospital (now exempt)	G	Freestanding	SP/Psych	Utah	Provo	U	N	384
138	Utah Valley Regional Medical Center	N	IHC, Inc.	Acute	Utah	Provo	U	N	395
112	Valley View Medical Center	N	IHC, Inc.	Acute	Iron	Cedar City	R	N	42
801	Veterans Administration Medical Center	G	Freestanding	Acute	Salt Lake	Salt Lake City	U	N	121
205	Wasatch Canyons Hospital (closed) ⁶	N	IHC, Inc.	SP/Psych	Salt Lake	Sale Lake City	U	N	46

¹Hospital identification number (unique identifier in data file—see page 10 for hospital list in numerical order).

²Owner: G=Government, I=Investor-Owned, N=Not for Profit.

³Hospital Type: Acute Care, Specialty/Surgical, Specialty/Psychiatric, Specialty/Rehabilitation, Specialty Long-Term Care

⁴Urban or Rural hospital location.

⁵Teaching hospital (yes/no).

⁶Hospitals which have closed but submitted data in previous years:

Benchmark South Regional Hospital (closed – data through 4th quarter 1998)

Bonneville Health & Rehabilitation Center (closed – data through 3rd quarter 1999)

Reopened as Infinia Medical Center (closed -- data through 2nd quarter 2002)

Charter Summit Hospital (closed – data through 3rd quarter 1993)
Copper Hills Youth Center (currently not licensed as a hospital–data through 4th quarter 2001)
Monument Valley Adventist Hospital (closed – data through 4th quarter 1995)
Olympus View Hospital (currently Silverado Senior Living) (closed – data through 2nd quarter 1999)

PHC Regional Hospital (closed – data through 2nd quarter 1997)
 Reopened as Rocky Mountain Hospital (closed–data from 2nd quarter 2000 to 2nd quarter 2001)
Tooele Valley Regional Medical Center (currently Mountain West Medical Center) (closed – data through 2001)
Utah State Hospital (now exempt from reporting – data through 4th quarter 1995)
Wasatch Canyons Hospital (closed – data through 3rd quarter 1995)
Wasatch County Hospital (currently Heber Valley Medical Center) (closed – data through 3rd quarter 1999)

Note: The hospitals with addresses, phone numbers, and number of beds in the above list can be obtained as a “cut and paste” document from the website: “<http://health.utah.gov/hda/usersupport.htm>” and click on “List of data providers”

Further Hospital Information

Another source for a list of Utah hospitals is the Utah Department of Health website, “<http://health.utah.gov/hflcra/facinfo.php>”. You can access an alphabetical list of hospitals by clicking the “Alphabetical Listing” link and choosing what type of facility you are looking for. You can also find hospitals listed by county by clicking the “Listing by County” link.